

SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Replaces Oil C-104 and C-1
Effective 1-1-83

Operator Energy Reserves Group, Inc.	
Address P.O. Box 3280, Casper, WY 82602	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change In Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change In Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name Gallegos Canyon Unit	Well No. 318	Pool Name, Including Formation Kutz Pict. Cliffs, West	Kind of Lease State, Federal or Fee Federal	Lease No. SF-078828-A
Location				
Unit Letter M	1310	Feet From The South	Line and 1430	Feet From The East
Line of Section 28	Township 28N	Range 12W	, NMPM, San Juan County	

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
El Paso Natural Gas Co.	P.O. Box 1492, El Paso, Texas 79978			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
Is gas actually connected?		When		
No		W.O. Pipeline		

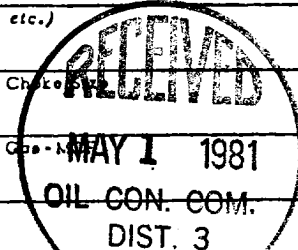
If this production is commingled with that from any other lease or pool, give commingling order number: _____

II. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 2-9-81	Date Compl. Ready to Prod. 4-8-81	Total Depth 1635'	P.B.T.D. 1580'					
Elevations (DF, RKB, RT, GR, etc.) GL 5688'; KB 5699'	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 1561'	Tubing Depth 1418'					
Perforations 1397'-1405'; 1410'-1413'; 1415'-1419'; 1 JSPF (18 holes)							Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
9-7/8"	7"	124'	100sx "B" w/2% CaCl ₂					
			+1/4# Flocele/sx					
6-1/4"	4-1/2"	1619'	275 sx 50-50 Pozmix					
	2-3/8"	1418'	w/1/4# Flocele/sx					

III. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-Bbls.



GAS WELL * Tested w/orifice well tester thru test separator.

Actual Prod. Test-MCF/D 40	Length of Test 24 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate N/A
Testing Method (pilot, back pr.) * See Above Note	Tubing Pressure (Shut-in) 0-pumping wtr	Casing Pressure (Shut-in) 100 psi	Choke Size 1/8"

IV. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Indith Ross
(Signature)
District Clerk
(Title)
4-28-81
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 1 1981, 19____
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Form C-104 must be filed for each pool in multi-