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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I.

Operator Energy Reserves Group, Inc.	
Address P. O. Box 3280, Casper, Wyoming 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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gallegos Canyon Unit	Well No. 319	Pool Name, Including Formation Pinon Fruitland	Kind of Lease State, Federal or Fee Federal	Lease No. I-149- IND-8470
Location Unit Letter F ; 1520 Feet From The North Line and 1400 Feet From The West Line of Section 30 Township 28N Range 12W, NMPM, San Juan County				

III. 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 Company	P.O. Box 1492, El Paso, Texas 79978			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Pge.
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:

IV. 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 4-12-81	Date Compl. Ready to Prod. 8-13-81	Total Depth 1595'		P.B.T.D. 1545'				
Elevations (DF, RKB, RT, GR, etc.) 5776' KB (GR +2')	Name of Producing Formation Fruitland	Top Oil/Gas Pay 925'		Tubing Depth 1161'				
Perforations 1162'-1170' w/1 JSPF (9 perfs)				Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
9-7/8"	7"	122'		65 sx 'B' w/2% CaCl ₂ + 1/4# Flocele/sx				
6-1/4"	4-1/2"	1585'		250 sx 50-50 Pozmix w/2% Gel, 0.5% D-31 & 1/4# Flocele/sx				
	2-3/8"	1161'						

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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 - MCF

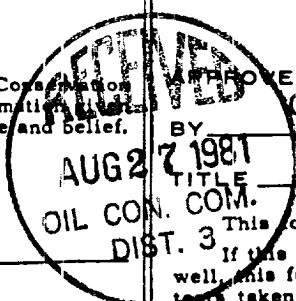
GAS WELL *Tested w/orifice well tester thru test separator

Actual Prod. Test - MCF/D 89	Length of Test 24 Hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate N/A
Testing Method (pitot, back pr.) *See above note	Tubing Pressure (shut-in)	Casing Pressure (shut-in) 130 psi	Choke Size 3/8"

VI. CERTIFICATE OF COMPLIANCE

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

Judith Ross
(Signature)
District Clerk
(Title)
8/25/81
(Date)



OIL CONSERVATION COMMISSION

SEP 10 1981

Original Signed by FRANK T. CHAVEZ

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 Forms C-104 must be filed for each pool in multiply completed wells.