_		455
40. 0F COPIES REC	EIVED	
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROPATION OFFICE		

	SANTA FE	· ·	ONSERVATION COMMISSION	Form C-104		
	FILE	KEGUE31	FOR ALLOWABLE AND	Supersedes Old C-104 and C-110 Elloctive 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL	CAS		
	LAND OFFICE	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL	GAS		
	TRANSPORTER OIL		•	•		
	GAS	₩				
	OPERATOR	·				
1.	PRORATION OFFICE			•		
	Operator					
	Energy Reserves G	roup, Inc.		20000		
		00/00	,	10) B		
	P.O. Box 3280, Ca Reason(s) for filing (Check proper box)		1000-001			
	New Well X	Change in Transporter of:	Other (Please explain)	FEB 0 3 1984		
	Recompletion	OII Dry Go:		, ED 0 2 1304		
	Change in Ownership	Casinghead Gas Conden	= 1	OIL CON. DIV.		
				DIST. 3		
	If change of ownership give name and address of previous owner			DIS1. 3		
	and address of previous owner					
H.	DESCRIPTION OF WELL AND I	LEASE				
	Lease Name	Well No. Pool Name, Including Fo	}	50000 //01		
	Gallegos Canyon Unit	336 Kutz Pictured	Cliffs West State, Feder	rol or Fee Federal SF-078904		
	Location		·			
	Unit Letter A ; 10	35 Feet From The North Line	e and 1110 Feet From	The East		
		. 201	-	_		
	Line of Section '24 Tow	mship 28N Range 1	2W , NMPM, San	Juan County		
777	DESIGNATION OF TRANSPORT	TED OF OU AND NATURAL GA	c			
****	Name of Authorized Transporter of Oil		Address (Give address to which appr	oved copy of this form is to be sent)		
	{ }					
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas 🔀	Address (Give address to which appr	oved copy of this form is to be sent)		
	El Paso Natural Gas Company		P.O. Box 1492, El Paso	P.O. Box 1492, El Paso, TX 79978		
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? When			
	give location of tanks.	1	No 'W	.O. Pipeline		
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back 'Same Res'v. Diff. Res'v.		
	Designate Type of Completio	on - (X) $on went Gas went X$	New Well Workover Deepen	Plug Buck Sume Nes V. Dim Nes V.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	12/18/83		1675'	1641'		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	G.L. 5660' K.B. 5665'	Pictured Cliffs	1531'	1561'		
	Perforations			Depth Casing Shoe		
	1538'-1545' 1 JSPF- 8 sl	nots - 0.39": 1550'-1553	' 1 JSPF- 4 shots-0.39"	1660'		
	TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	9-7/8"	7-5/8"	170'	100sx(118ft ³)Class'R'w/		
		/ 7 /0!!	7.660	CAC1_&\frac{1}{2} / sxFlocele 350sx (441ft 3)50-50 Pozmi		
	6-1/4"	4-1/2" 2-3/8"	1660'	3308X(441ft)30-30 Pozmi w/2% gel.0.5%CFR-2.½#/sx		
•	THE DATE AND DECLIFFE EA	1 2-3/8"	1561'	Flocele,		
V.	OIL WELL	able for this de	jter recovery oj total volume oj loda ol pth or be for full 24 hours)	Flocele il and must be equal to or exceed top allow-		
	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		
			No.	Convice		
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gan-MCF		
	L	L	<u> </u>			
	GAS WELL					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	581	24 Hours	0	N/A		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	3/8" choke nipple	156	290	3/8"		
V1.	CERTIFICATE OF COMPLIANCE	CE	OIL CONSERV	ATION COMMISSION		
			U 1 / G 1			
	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. (Signature) District Clerk (Title) 1/31/84 (Date)		APPROVED FE	D U 1307, 19		
			DV A. 1 M J L. EDANY T CHAVET			
			TITLE 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.			
	(D €	ue)		ust be filed for each pool in multiply		
			completed wells.	•		