HO. OF COPIES RECE	1460	i	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
		1	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

SANTA FE		REQUEST	REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-110 Effective 1-1-65	
U.S.G.S.		AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			2	
LAND OFFICE		AUTHORIZATION TO TRA	INSPURT OIL AND NA	TURAL GAS		
TRANSPORTER OIL						
GAS						
OPERATOR PROPATION OFFICE						
Operator Operator			· · · · · · · · · · · · · · · · · · ·	1200	2.	
Energy Reserves	Group	o, Inc.				
Address				1		
P.O. Box 3280, 0				······································	• • • • • • • • • • • • • • • • • • •	
Reason(s) for filing (Check pro	per box)	Change in Transporter of:	Other (Please ex	plain) ⊖:*	1112 4 1984	
Recompletion		Oil Dry Go				
Change in Ownership		Casinghead Gas Conder	sate District			
Make a comment in the						
If change of ownership give and address of previous ownership					· · · · · · · · · · · · · · · · · · ·	
I DECOMPTION OF WELL	A NITO T	PACE				
I. DESCRIPTION OF WELL Lease Name	AND I	Well No. Pool Name, Including F	ormation Ki	nd of Lease	Legse No.	
Gallegos Canyon	Unit	334 Kutz Pictured	Cliffs. West s	ate, Federal or Fe	Federal SF-078828	
Location						
Unit Letter N ;	810	Feet From The <u>South</u> Lin	e and <u>1790</u>	Feet From The	West	
		1	OTT NUMBER		G	
Line of Section 11	10₩	nship 28N Range 1	2W , NMPM,	San Juan	County	
I. DESIGNATION OF TRAN	SPORT	TER OF OIL AND NATURAL GA	s			
Name of Authorized Transporte				hich approved cop	y of this form is to be sent)	
Name of Authorized Transporte	r of Cas	inghead Gas 🔲 er Dry Gas 💢	Address (Give address to u	hich approved cop	y of this form is to be sent)	
El Paso Natural	Gas (Ompany Unit Sec. Twp. Pge.	P.O. Box 1492. Is gas actually connected?	El Paso, TX	79978	
If well produces oil or liquids, give location of tanks.		i i i i i i i i i i i i i i i i i i i	No	i I	Dinolino	
	lad wit	h that from any other lease or pool,			Pipeline	
V. COMPLETION DATA	,iea wit					
Designate Type of Cor	noletio	n - (X)	New Well Workover	Deepen Plug	Back Same Restv. Diff. Restv.	
		Date Compl. Ready to Prod.	Total Depth	P.B.	T D	
Date Spudded 12-11-83		,	1575'	1.5.	1529'	
Elevations (DF, RKB, RT, GR,	etc. j	1-23-84 Name of Producing Formation	Top Oil/Gas Pay	Tubli	ng Depth	
G.L. 5513' K.B. 551	•	Pictured Cliffs	1408		1445'	
Perforations		1421'-1424'-	1JSPF-4 shots-0.3	9'';	Casing Shoe	
1411'-1413'-1 JSPF	'-3 sl	nots-0.39": 1426'-1428'-		9"	1561'	
HOLE SIZE		CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT	
9-7/8"		7-5/8"	173'	75s	x(88.5ft ³)Class "B w	
7,10				CAC	12,4#/sx flocele	
6-1/4"		4-1/2"	1561'		sx(346.5ft ³)50-50poz	
		2-3/8"	1445		.5%D-60,½#/sx Cellos	
	EST FO	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volume pth or be for full 24 hours)	of load oil and mu	st be equal to or exceed top allow-	
OIL, WELL Date First New Oil Run To Ta	nks	Date of Test	Producing Method (Flow, p	ump, gas lift, etc.,		
Length of Test		Tubing Pressure	Casing Pressure	Chok	• Size	
Actual Prod. During Test		Oil - Bbls.	Water-Bbis.	Gas	MCF	
Actual Frod. During 1981		/				
		1	·	 		
GAS WELL				· · · · · · · · · · · · · · · · · · ·		
Actual Prod. Test-MCF/D		Length of Test	Bbls. Condensate/MMCF		ity of Condensate	
250 Testing Method (pitot, back pr	1	24 Hours Tubing Pressure (Shut-in)	Casing Pressure (Shut-in	Chek	N/A	
3/8" choke nippl		155	280		3/8"	
I. CERTIFICATE OF COME		<u></u>		NSERVATION	COMMISSION 4001	
i. CERTIFICATE OF COM			APPROVED			
I hereby certify that the rule	s and r	egulations of the Oil Conservation	APPROVED			
Commission have been com	plied w	ith and that the information given best of my knowledge and belief.	BYOriginal	Stated by \$22	is a significant to the second	
and an inter-			BY Original Sisted by \$23 (1) (1) (2) (1) (1) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		# 3	
	. /	•	11			
\sim ,	ith	Con .	This form is to be	filed in compli	ance with RULE 1104.	
- John Nos			melt this form must b	e accompanied b	or a newly drilled or deepened y a tabulation of the deviation	
()	in line		tests taken on the we	ll in accordance	WITH RULE 111.	
	stric Tit	ct Clerk	All sections of the	is form must be : mpleted wells.	filled out completely for allow-	
	1/25/		EN and only San	TIT IT seek	and VI for changes of owner,	
	(De		well name or number, o	r transporter, or	other such change of condition.	

well name or number, or transporter, or other such change of condition.