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	GAS	
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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

Operator ENERGY RESERVES GROUP, INC.	
Address P. O. Box 3280, Casper, WY 82602	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	MAY 1985 DISTRICT 3
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of ownership give name and address of previous owner	

DESCRIPTION OF WELL AND LEASE

Lease Name Gallegos Canyon Unit	Well No. 342	Pool Name, including Formation West Kutz Pictured Cliffs	Kind of Lease State, Federal or Fee Federal	Lease No. SF-078905
Location Unit Letter <u>F</u> ; <u>1640</u> Feet From The <u>North</u> Line and <u>4870</u> Feet From The <u>West</u> Line of Section <u>14</u> Township <u>28N</u> Range <u>12 W</u> , NMPM, San Juan County				

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, TX 79978
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	No WO Pipeline

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		XX	XX					
Date Spudded 1-5-85	Date Compl. Ready to Prod. 2-7-85	Total Depth 1648'	P.B.T.D. 1610'					
Elevations (DF, RKB, RT, GR, etc.) GR-5701', KB-5709'	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 1566'	Tubing Depth 1598'					
Perforations 1566-69 4 shots, 1573-76 4 shots, 1578-79 2 shots, 1581-84 4 shots			Depth Casing Shoe 1648'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	138	90sxC1 Bw/2% CaCl ₂ & 1/2#/sx Flocele
6-1/4"	4-1/2"	1648	220sx 50-50Pozmixw/2%ge
	2-3/8"	1598'	0.5%CFR-10, 1/2#/sx Flocele

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

Actual Prod. Test-MCF/D 228	Length of Test 12 hours	Bbls. Condensate/MMCF -0-	Gravity of Condensate none
Testing Method (pilot, back pr.) Choke nipple	Tubing Pressure (Shot-in) -0- psig	Casing Pressure (Shot-in) 268 psig	Choke Size 3/8 "

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.



Dale Belden, District Clerk

(Title)

February 20, 1985

(Date)

OIL CONSERVATION COMMISSION

4-10-85
APPROVED
APR 10 1985
Original Signed by FRANK T. CHAVEZ
BY
SUPERVISOR DISTRICT # 3
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.

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