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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 1-1-85

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)	

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OIL CON. DIV.  
DIST. 3

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Gallegos Canyon Unit	Well No. 341	Pool Name, including Formation North Pinion Fruitland	Kind of Lease State, Federal or Fee Ind	Lease No. I-149-IND-8474
Location Unit Letter <u>E</u> ; <u>1575</u> Feet From The <u>North</u> Line and <u>1180</u> Feet From The <u>West</u> Line of Section <u>16</u> Township <u>28N</u> Range <u>12W</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 1-25-85	Date Compl. Ready to Prod. 4-10-85		Total Depth 1432		P.B.T.D. 1228			
Elevations (DF, RKB, RT, CR, etc.) GR-5479', KB-5487'	Name of Producing Formation Fruitland		Top Oil/Gas Pay 1024		Tubing Depth 1195			
Perforations 1024-30' 7 2 shots, 1037-48, 12 shots, 1051-54', 4 shots 0.39" dia					Depth Casing Shoe 1432			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4	8 5/8"	135	100sx C1 B w/2%CaCl <sub>2</sub>
6 3/4"	4 1/2"	1432	8 1/2#/sx Flocele
	2 3/8"	1195	250 sx 50-50 Pozmix W/2%gel 0.5%FR-10 8 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)

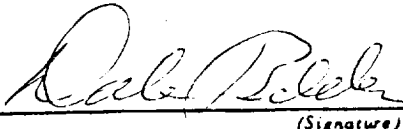
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 522	Length of Test 3 hours	Bbls. Condensate/MMCF -0-	Gravity of Condensate NA
Testing Method (pilot, back pr.) Flow /Choke nipple	Tubing Pressure (Shut-in) 30	Casing Pressure (Shut-in) 50	Choke Size 3/4"

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.


District Clerk
May 30, 1985

OIL CONSERVATION COMMISSION  
NOV 14 1986

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