

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
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

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)	

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE				
Lease Name Gallegos Canyon Unit	Well No. 353	Pool Name, including Formation West Kutz Pictured Cliffs	Kind of Lease State, Federal or Fee Federal	Lease No. SF-078905
Location				
Unit Letter <u>I</u> ; <u>1470</u> Feet From The <u>South</u> Line and <u>1060</u> Feet From The <u>East</u>				
Line of Section <u>22</u> Township <u>28N</u> Range <u>12W</u> , NMPM, <u>San Juan</u> 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 990, Farmington, NM 87410					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					No	WOPL

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded 7-8-85	Date Compl. Ready to Prod. 8-20-85	Total Depth 1540	P.B.T.D. 1525
Elevations (DF, RKB, RT, GR, etc.) GR-5693, KB-5701	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 1498	Tubing Depth 1523
Perforations 1498-1513 16 perfs			Depth Casing Shoe 1540

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	135	100 sx Cl R w/2%CaCl & 1/4#/sx Flocele
6 1/4	4 1/2	1540	275 sx 50-50Pozmix w/2%gel
	2 3/8	1523	0.5%TF04 1/2#/sx Celloflake

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
	/		

RECEIVED
AUG 30 1985

GAS WELL			
Actual Prod. Test-MCF/D 262	Length of Test 24 hours	Bbls. Condensate/MMCF 0	Gravity of Condensate NA
Testing Method (pitot, back pr.) choke nipple	Tubing Pressure (Shut-in) 130	Casing Pressure (Shut-in) 130	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.

Rob Beede
(Signature)
District Clerk
(Title)
August 27, 1985
(Date)

OIL CONSERVATION COMMISSION
DEC 30 1985
APPROVED _____
BY _____
TITLE _____
SUPERVISOR DISTRICT # 2

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.