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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

I. Operator **Consolidated Oil & Gas Inc.**
Address **P.O. Box 2038, Farmington, New Mexico**
Reason(s) for filing (Check proper box) ☒ New Well ☐ Recompletion ☐ Change in Ownership ☐ Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐ Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Lease No.	Well No.	Pool Name, Including Formation	Kind of Lease
Mc Intyre		1	Blanco Mesaverte	State, Federal or Fee Federal
Location				
Unit Letter F ; 1730 Feet From The North Line and 1450 Feet From The West				
Line of Section 11 Township 26 North Range 4 West , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Land	P.O. Box 1528, Farmington, New Mexico					
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)					
Southern Union Gas Company	Union Facility Tower Dallas, Texas					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	11	26	4	No	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
8-23-65	10-14-65		8015		8015			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
6888 G.L.	Mesaverte		5769		5750			
Perforations					Depth Casing Shoe			
5769-5838					8025			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13- 3/4	9 5/8		316		170			
8 3/4	7		3725		96			
6 1/4	4 1/2		8025		194			
	1		5750					

V. 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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
2851	3 Hour	25 bbls. P/D	.60 est
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
one point back Pressure	329	280	3/4

VI. 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.

Clyde Phillips
(Signature)

Production Foreman
(Title)

10-22-65
(Date)

OIL CONSERVATION COMMISSION

APPROVED **NOV 5 1965**, 19

BY **Original Signed Emery C. Arnold**

TITLE **Supervisor Dist. # 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.

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I. Operator **Consolidated Oil & Gas Inc.**
Address **P.O. Box 2038, Farmington, New Mexico**
Reason(s) for filing (Check proper box) ☒ New Well ☐ Recompletion ☐ Change in Ownership ☐ Change in Transporter of: Oil ☐ Casinghead Gas ☐ Dry Gas ☐ Condensate ☐ Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Ma Intyre	Lease No. 1	Well No. 1	Pool Name, Including Formation Basin Dakota	Kind of Lease Federal
Location Unit Letter F ; 1730 Feet From The North Line and 1450 Feet From The West				
Line of Section 11 Township 26 North Range 4 West , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Inland	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1528, Farmington, New Mexico	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Southern Union Gas Company	Address (Give address to which approved copy of this form is to be sent) Union Fidelity Tower Dallas, Texas	
If well produces oil or liquids, give location of tanks. Unit F 11 26 4	Is gas actually connected? No	When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 8-23-65	Date Compl. Ready to Prod. 10-14-65		Total Depth 8015		P.B.T.D. 8015			
Elevations (DF, RKB, RT, GR, etc.) 6880 O.L.	Name of Producing Formation Dakota		Top Oil/Gas Pay 7790		Tubing Depth 7706			
Perforations 7790-7940					Depth Casing Shoe 8025			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/4	9 5/8		316		170			
8 3/4	7		3725		96			
6 1/4	4 1/2		8025		194			
	1 1/2		7706					

V. 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 1677	Length of Test 3 Hour	Bbls. Condensate/MMCF 60 bbls. Per Day	Gravity of Condensate .60 est
Testing Method (pitot, back pr.) One point back Pressure	Tubing Pressure 330	Casing Pressure Packer	Choke Size 3/4

VI. 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.

OIL CONSERVATION COMMISSION

APPROVED **NOV 5 1965**
BY **Original Signed Emery C. Arnold**
TITLE **Supervisor Dist. # 8**

This form is to be filed in compliance with RULE 1104.

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All sections of this form must be filled out completely for allowable on new and recompleted wells.

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