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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 2034, Farmington, New Mexico**  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter ☐  
Existing Well ☐ All ☐ Dry Gas ☐  
Change in Ownership ☐ Existing Well ☐ Condensate ☒  
Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Mayt</b>	Well No. <b>2-5</b>	Pool Name, including Formation <b>Blanco Mesaverde</b>	Kind of Lease (State, Federal or Free) <b>Federal</b>
Location Unit Letter <b>L</b> Section <b>1962</b> Feet From The <b>South</b> Line and <b>1206</b> Feet From The <b>West</b> Line of Section <b>5</b> Township <b>26 North</b> Range <b>4 West</b> NMPM, <b>Rio Arriba</b> 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) <b>P.O. Box 622 Bldg. Oklahoma</b>
Name of Authorized Transporter of Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or if it is, flow in units of bbls. <b>L 5 26N 4W</b>	Is gas actually connected? <b>Yes</b>

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) <input type="checkbox"/> Old Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug & Seal <input type="checkbox"/> Other Restr.	Date Compl. Ready to Prod.	Total Depth	Test Date
	Name of Producing Formation	Top of Gas Pay	Tubing Depth
			Depth Testing Place
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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/MCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

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.

*Charles Phillips*  
(Signature)  
**Production Foreman**  
(Title)

3-2-65

(Date)

OIL CONSERVATION COMMISSION

APPROVED **APR 7 1965**, 19  
BY **Original Signed Emery C. Arnold**  
Supervisor Dist. # 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 Sections I, II, III, and VI only 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.