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U.S.G.S.				AUTHO
LAND OFFICE				
TRANSPORTER	OIL	1		
	GAS	/		
OPERATOR		1		
PRORATION OFFICE				
Operator	-			
Conse.	lidat	94	011	& Gas Inc
Address				
P.O.	Bex	203	8.	Farmingto
Reason(s) for filing	(Check	prope	er box)	_
New Well				Change in
Mem Mett				Oil
Recompletion				011

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

	U.S.G.S. LAND OFFICE TRANSPORTER OIL / GAS / OPERATOR /	AUTHORIZATION TO TRAN	OF BOTH LaMAR TRUC	GAS N PURCHASED ALL THE ASSETS CKING, INC. AND INLANT INCLUDED N. M. S. C. HAS BEEN TRANSFERRED N.				
I.	PRORATION OFFICE Operator			CLYDE C. Lamar, PIE SAL				
	Consolidated Oil	& Gas Inc.	Marie Carlos Car	Wilden Coutonmen				
		Farmington, New Mexico						
- }	Reason(s) for filing (Check proper box))	Other (Please explain)					
}	New Well	Change in Transporter of:		<u> </u>				
	Recompletion	OII Dry Gas	sate					
L	Change in Ownership	Casinghead Gas Condens	sute (
	f change of ownership give name and address of previous owner							
II. j	DESCRIPTION OF WELL AND	LEASE Well No. Pool Nam	ne, Including Formation	Kind of Lease				
	Lease Name		unco Mesaverde	State, Federal or Fee Federal				
	Location							
	Unit Letter F; 165	Feet From The Morth Line	e andFeet From	n The West				
	om gette.			Arriba County				
	Line of Section , To-	waship 26 North Range	West , NMPM, K10	1000				
		TER OF OIL AND NATURAL GA	s					
III.	Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	Address (Give address to which app	roved copy of this form is to be sent)				
	Name of Authorized Transporter of Ca		P.O. Bex 1528. Farm	ington. New Hexico				
		ural Sas						
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	18 que actuent semination.	When !				
	give location of tanks.	E 5 26 N 4 W	Yes	· · · · · · · · · · · · · · · · · · ·				
	If this production is commingled w	ith that from any other lease or pool,	give commingling order number:					
IV.	COMPLETION DATA	Oil Well Gds Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.				
	Designate Type of Completi							
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
				Tubing Depth				
	Pool	Name of Producing Formation	Top Oil/Qus Pay	Tubing Depth				
	Perforations			Depth Casing Shoe				
			D CEMENTING RECORD	SACKS CEMENT				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SAGRI CEMENT				
v	TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be	after recovery of total volume of load	oil and must be equal to or exceed top allow				
•	OIL WELL	4016 70, 11110 0	epth or be for full 24 hours) Producing Method (Flow, pump, ga	e life, esc.)				
	Date First New Oil Run To Tanks	Date of Test	, sounding internal (a saw, saw, saw, saw, saw, saw, saw, saw					
	Length of Test	Tubing Pressure	Casing Pressure	Choke Sur				
	Edildii or 1921			Gas MORLULIVED \				
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Garwara III				
				OCT 21 1965				
		•		OIL CON COM				
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensatio 3				
	Actual Prod. 1981-MCF/D	20.191.		DIST. 5				
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size				
			OIL CONSES	RVATION COMMISSION				
V	i. CERTIFICATE OF COMPLIA	NCE						
	t hannbu aguifu ihni ihn aulan an	d regulations of the Oil Conservation	APPROVED OCT 21 19	Or A Front C. Arnold				
	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.		Original	Original Signed Emery C. Arnold				
			Supervisor					
•			TITLE Supervisor Disc. # 4					

	2 1			
Clino	Phielipa			
Caper	(Signature)			
Pro	duction Foreman			
	(Title)			
10-18-65				
	(Date)			

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 transporten or other such change of condition.

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

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- Table 1	
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