

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 O-104
Supersedes Old O-104
Effective 1-1-65

I. Operator
CONSOLIDATED OIL & GAS, INC.
Address
1860 Lincoln Street, Lincoln Tower Bldg., Denver, Colorado 80203
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☒
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain) *Recompletion*
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <i>Tribal C</i>	Well No. <i>3</i>	Pool Name, including Formation <i>Blanco Mesavende</i>	Kind of Lease State, <input checked="" type="radio"/> Federal or <input type="radio"/> Fee
Location Unit Letter <i>A</i> ; <i>890</i> Feet From The <i>N</i> Line and <i>790</i> Feet From The <i>E</i> Line of Section <i>6</i> , Township <i>26</i> Range <i>3</i> , NMPM, <i>Rio Arriba</i> County			

III. 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)		
<i>Northwest Pipeline Corporation</i>	<i>501 Airport Drive Farmington, New Mexico 87401</i>		
If well produces oil or liquids, give location of tanks.	Unit <i>A</i>	Sec. <i>6</i>	Twp. <i>26</i> Rge. <i>3</i>
	Is gas actually connected? <i>Yes</i>		When <i>11-16-62</i>

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'tv. Diff. Est.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		F.B.T.D.		
Pool	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		
Perforations						Depth Casing Shoe	
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 fluid 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)	
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
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.

Geraldine Bergame
(Signature)

Asst. Production Acct.

Jan. 24, 1974

OIL CONSERVATION COMMISSION

APPROVED *FEB 7 1974*, 19

BY *Original Signed by 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 test well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with RULE 1111.

All sections of this form must be filled out completely for allowable and recompletion wells.

FORM O-104, REV. 1-1-65