

DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	4
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form OCS-1104
Supersedes Old OCS-104 and
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) Other (Please explain)

New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☒
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐ *From EPNG*

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <i>Northwest</i>	Well No. <i>1</i>	Pool Name, including Formation <i>Blanco Mesaverde</i>	Kind of Lease State, <input checked="" type="checkbox"/> Federal or Fee
Location Unit Letter <i>G</i> ; <i>1850</i> Feet From The <i>N</i> Line and <i>1850</i> Feet From The <i>E</i> Line of Section <i>7</i> , Township <i>26</i> Range <i>4</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 Sec. Twp. Rge. <i>G 7 26 4</i>
	Is gas actually connected? When <i>Yes 4-14-65</i>

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

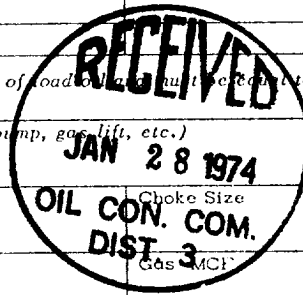
IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen.	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.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 load to be tested to or exceed top of well 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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.



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.

Geraldine Bergamo
Anst. 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 deep well, this form must be accompanied by a tabulation of the data tests taken on the well in accordance with RULE 1111.
All sections of this form must be filled out completely for all new and re-completed wells.
Filing of this form is required for all wells drilled after 1-1-65.