

DISTRIBUTION	
FILE	/
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL / GAS /
OPERATOR	2
PRORATION OFFICE	

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-105  
Effective 1-1-65

API 30-039-22100

Operator **Consolidated Oil & Gas, Inc.**

Address **1860 Lincoln Street, Denver, Colorado 80295**

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	
Recompletion <input type="checkbox"/>	Change in Transporter of:
Change in Ownership <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>
	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner \_\_\_\_\_

**DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Huron</b>	Well No. <b>2-E</b>	Pool Name, including Formation <b>BS Mesa Gallup ext</b>	Kind of Lease <b>Jicarilla Apache</b>	Lease No. <b>Contract 10</b>
Location Unit Letter <b>M</b> ; <b>1120</b> Feet From The <b>south</b> Line and <b>980</b> Feet From The <b>west</b>	Line of Section <b>2</b> Township <b>26N</b> Range <b>4W</b> , NMPM, <b>Rio Arriba</b> County			

**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>Inland Corp.</b>	<b>P. O. Box 1528, Farmington, New Mex. 87401</b>
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)
<b>Gas Company of New Mexico</b>	<b>Suite 1800, 1st International Bldg., Dallas Texas 75270</b>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<b>A 2 26N 4W No</b>

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

**COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<b>X</b>	<b>X</b>					
Date Spudded <b>9/25/79</b>	Date Compl. Ready to Prod. <b>10/12/79</b>	Total Depth <b>8359</b>		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) <b>7162 KB</b>	Name of Producing Formation <b>Gallup</b>	Top Oil/Gas Pay <b>7565</b>		Tubing Depth <b>7483</b>				
Perforations <b>7584-96</b>						Depth Casing Shoe		

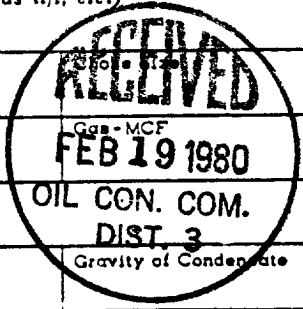
**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14-3/4	10-3/4	292 KB	300
9-7/8	7-5/8	4199 KB	150
6-3/4	5-1/2	8111	350
4-3/4	3-1/2	8359	
	1-1/4	7483	

**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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.



**GAS WELL**

Actual Prod. Test-MCF/D <b>211</b>	Length of Test <b>3 hrs.</b>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) <b>1 pt. back pressure</b>	Tubing Pressure (shut-in) <b>720</b>	Casing Pressure (shut-in) <b>720</b>	Choke Size <b>3/8"</b>

**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.

*Marc J. Sany*  
(Signature)  
**Senior Production Engineer**

**February 12, 1980**  
(Date)

OIL CONSERVATION COMMISSION  
**APR 1 1980**

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY **Original Signed by FRANK T. CHAVEZ**  
TITLE **SUPERVISOR DISTRICT # 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.