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NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Farmington, New Mexico 6-15-64
(Place) (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Consolidated Oil & Gas Inc. Huerfano Federal Well No. 1-30, in NE 1/4 NE 1/4,
(Company or Operator) (Lease)

A, Sec. 30, T25 North, R9 West, NMPM., Basin Pool
Unit Letter

San Juan

Please indicate location:

| | | | |
|---|---|---|---|
| D | C | B | A |
| E | F | G | H |
| L | K | J | I |
| M | N | O | P |

County San Juan Date Spudded 4-24-64 Date Drilling Completed 5-11-64
Elevation 6729 Total Depth 6535 FBTD 6464

Top Oil/Gas Pay 6386 Name of Prod. Form. Dakota

PRODUCING INTERVAL -

Perforations 6386-6422

Open Hole _____ Depth _____ Casing Shoe 6540 Depth _____ Tubing 6370

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke
load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

(FOOTAGE)
Tubing, Casing and Cementing Record

| Size | Feet | Sax |
|--------------|-------------|------------|
| <u>8 5/8</u> | <u>249</u> | <u>150</u> |
| <u>4 1/2</u> | <u>6540</u> | <u>255</u> |
| <u>1 1/2</u> | <u>6370</u> | |
| | | |

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: 2290 MCF/Day; Hours flowed 3

Choke Size 3/4 Method of Testing: one point back pressure

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): Sand and water 60,000# sand 1694 Bbl of water

Casing _____ Tubing 1909 Date first new _____
Press. 1930 Press. 1909 oil run to tanks _____

Oil Transporter La Mar Trucking

Gas Transporter Southern Union Gas Co.

Remarks: _____

I hereby certify that the information given above is true and complete to the best of my knowledge.
Approved: JUN 15 1964, 19____ Consolidated Oil & Gas Inc.
(Company or Operator)

OIL CONSERVATION COMMISSION

Original Signed Emery C. Arnold

By: _____ Title: Area Superintendent

Title: Supervisor Dist. # 3 Name: Consolidated Oil & Gas Inc.

... P. O. Box 2034 Farmington, New Mexico

