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TRANSPORTER	OIL	
	GAS	
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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-110
Effective 1-1-65

Operator Consolidated Oil & Gas Inc.	
Address P.O. Box 3030, Farmington, New Mexico	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Navajo	Well No. 3-11	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal
Location			
Unit Letter I	1030'	Feet From The South Line and 710	Feet From The East
Line of Section 11 , Township 25 North Range 10 West , NMPM, San Juan County			

III. 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)
La-Mar Trucking Inland	P.O. Box 1526, Farmington, New Mexico
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)
Southern Union Gas Company	Fidelity Tower Dallas 22, Texas
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
I 11 25N 10W	No

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. Res'tv.
		X	X					
Date Spudded 12-20-64	Date Compl. Ready to Prod. 1-10-65		Total Depth 6698'		P.B.T.D. 6669			
Pool Basin Dakota	Name of Producing Formation Basin Dakota		Top Oil/Gas Pay 6630'		Tubing Depth 6621'			
Perforations 6630-6634					Depth Casing Shoe 6695			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8" 32'		260'		150			
7 7/8"	5 1/2" 15.5 & 17.5'		6695'		200			
	1 1/2"		6621		open			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be 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 2949	Length of Test 3 Hour	Bbls. Condensate/MMCF 15 bbls.	Gravity of Condensate .57
Testing Method (pitot, back pr.) One point back pressure	Tubing Pressure 200	Casing Pressure 1150	Choke Size 3/4

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.

Thomas M. Bayl Jr.
(Signature)

Area Superintendent

(Title)

January 29, 1965

(Date)

OIL CONSERVATION COMMISSION
JAN 29 1965
APPROVED _____, 19____

BY **Original Signed 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 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 transporter, or other such change of condition.

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