

|                  |     |
|------------------|-----|
| 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 C-104  
 Supersedes Old C-104 and C-110  
 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            | <input type="checkbox"/> | Change in Transporter of: |                                     |
| Recompletion        | <input type="checkbox"/> | Oil                       | <input type="checkbox"/>            |
| Change in Ownership | <input type="checkbox"/> | Casinghead Gas            | <input type="checkbox"/>            |
|                     |                          | Dry Gas                   | <input checked="" type="checkbox"/> |
|                     |                          | Condensate                | <input type="checkbox"/>            |

**Other (Please explain)**

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

**II. DESCRIPTION OF WELL AND LEASE**

|   |                        |   |  |
|---|------------------------|---|--|
| Lease Name<br><b>NAVAJO</b>   | Well No.<br><b>1-3</b> | Pool Name, including Formation<br><b>BASIN DAKOTA</b> | Kind of Lease<br>State, <input checked="" type="checkbox"/> Federal or Fee |
| Location<br>Unit Letter <b>A</b> ; <b>990</b> Feet From The <b>N</b> Line and <b>990</b> Feet From The <b>E</b> |                        |   |  |
| Line of Section <b>2</b> , Township <b>25</b> , Range <b>10</b> , NMPM, <b>SAY JUAN</b> County                  |                        |   |  |

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

|  |  |
|--|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/><br><b>Inland</b>                                       | 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"/><br><b>Gas Company of New Mexico</b> | Address (Give address to which approved copy of this form is to be sent)<br><b>First International Bldg., Suite 1800<br/>Dallas, Texas 75270</b> |
| If well produces oil or liquids, give location of tanks.<br>Unit <b>A</b> Sec. <b>2</b> Twp. <b>25</b> Rge. <b>10</b>  | Is gas actually connected? <b>Yes</b> When <b>9-10-64</b>  |

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 Restv. | Diff. Restv. |
| 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 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          | Length of Test  | Hbbs. Condensate/MMCF | Quality 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.

*Sheraldine Bergamo*  
 (Signature)  
 Asst. Production Acct.  
 (Title)  
 September 1, 1976  
 (Date)

**OIL CONSERVATION COMMISSION**

APPROVED SEP 7 1976, 19\_\_\_\_

BY \_\_\_\_\_

TITLE \_\_\_\_\_

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 conditions.

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

