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OPERATOR	<input type="checkbox"/> GAS
PROMOTION OFFICE	

OIL CONSERVATION DIVISION  
P. O. BOX 2038  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <b>CONSOLIDATED OIL &amp; GAS, INC.</b>	
Address <b>P.O. BOX 2038, FARMINGTON, NEW MEXICO 87499</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well	COT 21 1985
<input type="checkbox"/> Recompletion	
<input type="checkbox"/> Change in Ownership	
Change in Transporter of:	
<input type="checkbox"/> Oil	<input checked="" type="checkbox"/> Dry Gas
<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>HUERFANO</b>	Well No. <b>1-E</b>	Pool Name, including Formation <b>BASIN DAKOTA</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No.
Location				
Unit Letter <b>C</b>	<b>1835</b>	Feet From The <b>West</b>	Line and <b>790</b>	Feet From The <b>North</b>
Line of Section <b>30</b>	Township <b>25N</b>	Range <b>9W</b>	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)					
<b>Giant Refining Co.</b>	<b>P.O. Box 256, Farmington, NM 87499</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>El Paso Natural Gas Co.</b>	<b>P.O. Box 990, Farmington, NM 87499</b>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected?	When
	<b>C</b>	<b>30</b>	<b>25N</b>	<b>9W</b>	<b>No</b>	

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

*Kay S. Eckstein*  
Production & Drilling Technician  
October 15, 1985  
(Date)

OIL CONSERVATION DIVISION

APPROVED **OCT 21 1985**  
BY *[Signature]*  
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.