

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 O-104
Supersedes Old O-104
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 ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☒
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain) *from 1963*

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name *Champlin* Well No. *1* Pool Name, including Formation *Basin Dakota* Kind of Lease
State, Federal or Fee
Location
Unit Letter *M* ; *990* Feet From The *S* Line and *990* Feet From The *W*
Line of Section *35* , Township *27* Range *4* , NMPM, *Rio Arriba* County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent)
Northwest Pipeline Corporation *501 Airport Drive*
Farmington, New Mexico 87401
If well produces oil or liquids, give location of tanks. Unit *M* Sec. *35* Twp. *27* Rge. *4* Is gas actually connected? *Yes* When *7-11-63*

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'ty.	Diff. Res'ty.
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 trap oil available for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, 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	Bbls. Condensate/MMCF	Gravity 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.

Geraldine Bergamo
(Signature)

Asst. Production Acct.

Jan 24, 1974

OIL CONSERVATION COMMISSION

FEB 7 1974

APPROVED _____, 19

BY *Original Signed by 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 oil well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with RULE 1111.

All sections of this form must be filled out completely for all oil wells and for completed wells.

Print Name, Title, District and Mailing Address

Signature of Operator or Agent of Operator