

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
Supersedes Old O-104 as of 1-1-65
Effective 1-1-65

I.

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

Operator
CONSOLIDATED OIL & GAS, INC.

Address
1860 Lincoln Street, Lincoln Tower Bldg., Denver, Colorado 80203

Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☒
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐ **Form O-104**

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name **Champlin** Well No. **5** Pool **Tapas, Pictured Cliffs** Kind of Lease
State, Federal or Fee **State**

Location
Unit Letter **K** ; **1650** Feet From The **S** Line and **1850** Feet From The **W**
Line of Section **25** , 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 **K** Sec. **25** Twp. **27** Rge. **4** Is gas actually connected? **Yes** When **12-26-63**

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 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 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 Choke Size
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF

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
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 or reworked 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 wells, even if not completed for all wells.

1. This form is to be filed in compliance with RULE 1104.

2. This form is to be filed in compliance with RULE 1104.

3. This form is to be filed in compliance with RULE 1104.