	DISTRIBUTION SANTA FF FILE U.S.G.S. LAND OFFICE TRAI PORTER OIL / GAS / OPERATOR	REQUEST	CONSERVATION COMMISSION From C-104 ST FOR ALLOWABLE Superardes Old C-10 AND Effective 1-1-65 RANSPORT OIL AND NATURAL GAS		
1.	PRORATION OFFICE Gregation Consolidated Oil & Gas, Inc. Address 1860 Lincoln Street, Lincoln Tower Building, Denver, Colorado 80295 Reason(s) for filing (Check proper box) Other (Please explain)				
	Hecompletion Change in Ownership If change of ownership give name and address of previous owner	Change in Transporter of: Oil Dry Go Casinghead Gas Conde	=		
11.	DESCRIPTION OF WELL AND LEASE Lease Name Champlin Blanco Mesay				Erecse 140:
	Champlin Location	/erde	rde Stale, Federal or Fee State 07		
	Unit Letter "F"; 1790 Feet From The North Line and 1660' Feet From The West				
	Line of Section 35 Tox	wnship 27N Range	4W , NMPN	. Rio Arr	iba County
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	ıs		
	Name of Authorized Transporter of Oil Inland Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1528, Farmington, New Mexico 87401			
	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 Unit Sec. Twp. 18ge.		P. O. Box 1526, Salt Lake City, Utah 84110		
	If well produces all or liquids, Fr. 35 27N 4W No				
	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,	give commingling orde	number:	
	Designate Type of Completic	on - (X) Gas Well X	New Well Workover	Deepen	Plug Back Same Resty, Diff. Resty.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	· · · · · · · · · · · · · · · · · · ·	F.B.T.D.
	1-12-78 Elevations (DF, RKB, RT, GR, etc.)	5-4-78 Name of Producing Formation	6400 Top Oil/Gas Pay		6266 Tubing Depth
	7069' RKB Mesaverde		5599'		60991
	Perforations 5599'-6202'			Depth Casing Shoe 63101	
		CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SI	ET	300 SX C1 "B"
	8-374"	10-3/4" surface	303' KB 4169'		150 sx Pozmix
	6-1/4"	4-1/2"	4059		275 sx Pozmix
į		1-1/2"	6097'		None
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours)				
i	7/11/2 1/11/11/11/2			, pump, gas lift,	, etc.)
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size
	Actual Pros. During Test	Ott-Bbls.	Water - Bbis.		Gas · MCF
į					
	GAS WELL				
	Actual Frod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF		Gravity of Condensate
	CV-2146; AOF-3836 Testing Method (pitot, back pr.)	3 hours Tubing Pressure (Shut-in)	Casing Pressure (Shut-	<u>-</u>	Choke Size
	1 pt back pressure	1032 psi	1028 psi	,	3/4"
	CERTIFICATE OF COMPLIANC	egulations of the Oil Conservation	OIL CONSERVATION COMMISSION MAY 18 1978 APPROVEGIGINAL SIGNED BY A. R. Kendrigk		
1	Commission have been complied wabove is true and complete to the	BYSTREET SOS			
			TITLE		
			This form is to be filed in compliance with RULE 1104.		
	D.T. Stogne	If this is a request for allowable for a newly drilled or despende			
Vice President Operations			well, this form must be accompenied by a tabulation of the deviation tests taken on the vell in accordance with MULE 111.		

(Title)

(Date)

Vice President, Operations

May 16, 1978

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.