

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
CONSOLIDATED OIL & GAS, INC. *Columbus Energy Corp.*

Address
P.O. BOX 2038, FARMINGTON, NEW MEXICO 87499

Reason(s) for filing (Check proper box)
☒ New Well
☐ Recompletion
☐ Change in Ownership

Change in Transporter of:
☐ Oil
☐ Condensate Gas
☐ Dry Gas
☐ Condensate

Other (Please explain)
Operator name change

JUN 24 1985
OIL CON. DIV.
DIST. 3

If change of ownership give name and address of previous owner
Consolidated Oil & Gas, Inc.

II. DESCRIPTION OF WELL AND LEASE

Lease Name CHAMPLIN	Well No. 4-E	Pool Name, including Formation B.S. MESA GALLUP	Kind of Lease State, Federal or Fee	Lease No. SF079527 A
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Location
Unit Letter B ; 1124 Feet From The North Line and 1963 Feet From The East
Line of Section 35 Township 27N Range 4W , NMPM, Rio Arriba 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"/> Giant Refining Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 256, Farmington, New Mexico 87499
Name of Authorized Transporter of Condensate Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline Corp.	Address (Give address to which approved copy of this form is to be sent) 3539 E. 30th Street, Farmington, N.M. 87401

If well produces oil or liquids, give location of tanks.	Unit B	Sec. 35	Twp. 27N	Rge. 4W	Is gas actually connected? No	When
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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.

IV. CERTIFICATE OF COMPLIANCE

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 Eckstein
(Signature)
Drilling & Production Technician
(Title)
5/14/85
(Date)

OIL CONSERVATION DIVISION
APPROVED _____
BY *Frank J. [Signature]* FEB 28 1986
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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded 9-4-84	Date Compl. Ready to Prod. 12-12-84		Total Depth 8390'			P.B.T.D. 8347'			
Elevations (DF, RKB, RT, CR, etc.) 7077' GR - 7090' KB		Name of Producing Formation B.S. Mesa Gallup		Top Oil/Gas Pay 7106'			Tubing Depth 7779'		
Perforations 7106' - 7714' 84 perfs							Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15-1/2"	10-3/4"	360' KB	122 cf 594 809
9-7/8"	7-5/8"	4199'	72 cf 1176
5-1/2"	5-1/2" LINER	3993' - 8390'	617 cf
	2-1/16TBG	7779'	

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 allowable for this depth or be for full 24 hours)

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 2234 MCFD (279 MCF)	Length of Test 3 hours	Bbls. Condensate/MMCF 76 BOPD (12 bbls)	Gravity of Condensate -
Testing Method (pump, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1799	Casing Pressure (Shut-in) 1802	Choke Size 2 x 3/4

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I. Operator

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Address

P.O. BOX 2038, FARMINGTON, NEW MEXICO 87499

Reason(s) for filing (Check proper box)

☒ New Well ☐ Change in Transporter of: ☐ Oil ☐ Dry Gas ☐ Other (Please explain)

☐ Recompletion ☐ Castinhead Gas ☐ Condensate

☐ Change in Ownership

If change of ownership give name and address of previous owner *Consolidated Oil & Gas, Inc.*

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JUN 24 1985
OIL CON. DIV.
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
CHAMPLIN	4-E	BASIN DAKOTA	State, Federal or Fee	SF079527 A
Location				
Unit Letter	B	1124 Feet From The	North Line and	1963' Feet From The East
Line of Section	35	Township	27N	Range 4W, NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Giant Refining Co.	P.O. Box 256, Farmington, New Mexico 87499
Name of Authorized Transporter of Castinhead 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)
Northwest Pipeline Corp.	3539 E. 30th Street., Farmington, N.M. 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rgs. Is gas actually connected? When
B 35 27N 4W	No

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.

Way Eckstein
(Signature)
Drilling & Production Technician
(Title)
5/14/85
(Date)

OIL CONSERVATION DIVISION
APPROVED *FEB 28 1986*
BY *Frank J. [Signature]*
SUPERVISOR DISTRICT 3
TITLE _____

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IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Drilled 9-4-84	Date Compl. Ready to Prod. 12-12-84	Total Depth 8390'			P.B.T.D. 8347'				
Sections (DF, RKB, RT, GR, etc.) 7077' GR - 7090' KB	Name of Producing Formation Dakota	Top Oil/Gas Pay 8132'			Tubing Depth 8283'				
Perforations 8110' - 8306' 77 perfs						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15-1/2"	10-3/4"	360' KB	42 cf 398 809
9-7/8"	7-5/8"	4199'	22 cf 1176
5-1/2"	5-1/2" LINER	3993' - 8390'	617 cf
	1-1/2" TBG	8283'	

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 allowable for this depth or be for full 24 hours)

Days 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
Total Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

S WELL

Total Prod. Test - MCF/D 1711 MCFD (214 MCF)	Length of Test 3 hours	Bbls. Condensate/MCF 320 BOPD (40 bbls)	Gravity of Condensate -
Testing Method (pilot, back pr., Back Pressure)	Tubing Pressure (Shut-in) 1823	Casing Pressure (Shut-in) Pkr	Choke Size 2 x 3/4" Pos. Choke