STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
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Form C-104
Revised 10-01-78
Format 06-01-83
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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: Consolidated Oil & Gas, Inc.

Address: PO Box 2038, Farmington, New Mexico 87499

RECEIVED
JAN 25 1985
OIL CON. DIV.
DIST. 3

Reason(s) for filing (Check proper box):
- [X] New Well
- [ ] Recompletion
- [ ] Change in Ownership
- Change in Transporter of: [ ] Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate
- Other (Please explain):

If change of ownership give name and address of previous owner: _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
CHAMPLIN	1E	Basin Dakota	~~State~~ ~~Federal~~ SF	079527A

Location
Unit Letter J ; 1744 Feet From The south Line and 1530 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 [ ] or Condensate [X]	Address (Give address to which approved copy of this form is to be sent)
Giant Refinery Co.	PO Box 256, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]	**Address (Give address to which approved copy of this form is to be sent)**
Northwest Pipeline Corp.	3539 E 30th St., Farmington, NM 87401

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	J	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.

Barbara C. Lee
(Signature)
Engineering Technician
(Title)
1-14-85
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 01 1985

BY Original Signed by FRANK T. CHAVEZ

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.

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
9-23-84	11-17-84	8320'	8271'FC
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
7078'KB, 7064'GR	Dakota	8051'	8199'(PKR@7732')
Perforations			**Depth Casing Shoe**
8051'-8240', 71 perfs, .38" dia, 1 SPF			8289'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15-1/2"	10-3/4"	360'	341 (400cf)
9-7/8"	7-5/8"	4190'	~~740 (808cf)~~ 1176cf
6-3/4"	5-1/2"	3970'-8289'	355 (450cf)
-	1-1/2"TBG	8199'	-

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)*

OIL WELL

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 TEST DATE: 1-5-85

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
62 MCF (499 MCFD)	3 hrs	28.8 BO (230.46BOPD)	-
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
Back Pressure	1337 psig	1434 psig	2x3/4"CFP