

DISTRICT	
COUNTY	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATION	
PRODUCTION OFFICE	

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

Form C-104  
Supersedes Old C-104 and C-1  
Effective 1-1-55

Operator Consolidated Oil & Gas, Inc.	
Address 1860 Lincoln Street, Suite 1300, Denver, Colorado 80295	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of ownership give name and address of previous owner	

DESCRIPTION OF WELL AND LEASE				
Lease Name Con-Hale	Well No. 2	Pool Name, including Formation Ballard Pic. Cliffs	Kind of Lease State, Federal or Fee Federal	Lease No. SF078384
Location				
Unit Letter "C" ; 990 Feet From The S-N Line and 1650 Feet From The E-W				
Line of Section 15 Township 26 North Range 8 West , NMPM, San Juan County				

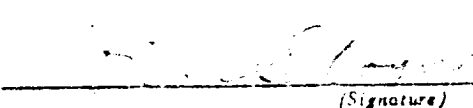
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Inland Corporation	P. O. Box 1528, Farmington, New Mexico 87401
Name of Authorized Transporter of Casinghead 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)
Gas Company of New Mexico	1st International Bldg., Dallas, Texas 75221
If well produces oil or liquids, give location of tanks.	Unit "C" Sec. 15 Twp. 26N Rge. 8W Is gas actually connected? No When

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Workover <input checked="" type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'ty. <input type="checkbox"/> Diff. Res'ty. <input type="checkbox"/>		
Date Spudded 3-14-61	Date Compl. Ready to Prod. 5-26-79	Total Depth 7436	P.B.T.D. 7428
Elevations (DF, RKB, RT, GR, etc.) 7060' GR	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 2864'	Tubing Depth 2891'
Perforations 2864'-2956' (23 x 0.32" holes)			Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	1-1/4"	2891'	

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 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-MMCF

GAS WELL			
Actual Prod. Test-MMCF/D AOF 790; CV 692	Length of Test 3 hours	Bbls. Condensate/MMCF -----	Gravity of Condensate -----
Testing Method (pitot, back pr.) 1 pt back pressure	Tubing Pressure (Shut-in) 560 psi	Casing Pressure (Shut-in) 560 psi	Choke Size 3/4"

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.	
 (Signature)	
Vice President, Operations (Title)	
June 14, 1979 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED JUL 26 1979, 19	
BY Original Signed by A. P. Kendrick	
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.	