STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER OIL	
TRANSPORTER GAS	
OPERATOR	
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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

3077/N

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OCT 08 1987
OIL CON. DIV.
DIST. 3

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
COLUMBUS ENERGY CORPORATION

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

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)
CHANGE FROM GAS TO OIL WELL

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.
CON HALE	2-E	WILDCAT GALLUP	State, Federal or Fee	FEDERAL

Location
Unit Letter M : 1040 Feet From The SOUTH Line and 884 Feet From The WEST

Line of Section 15 Township 26N Range 8W , NMPM, SAN JUAN County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	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 Casinghead Gas [ ] or Dry Gas [X]	Address (Give address to which approved copy of this form is to be sent)
~~GAS COMPANY OF NEW MEXICO~~ EPNG	P.O BOX 1899, BLOOMFIELD, NEW MEXICO 87413

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	M	15	26N	8W	Yes	11-18-85

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.

Kay Eckstein
(Signature)
Drilling & Production Technician
(Title)
August 13, 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 08 1987

BY ~~ORIGINAL SIGNED BY ERNIE BUSCH~~

TITLE DEPUTY OIL & GAS INSPECTOR, 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 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 Reserv.	Diff. Reserv.
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
6-11-84	11-18-85	7070'	7027'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
6651' KB - 6639' GR	Wildcat Gallup	5918'	6366'

Perforations	Depth Casing Shoe
5918' - 6366'	7070'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	265'	236 ft 3
7-7/8"	5-1/2"	7070'	2690 ft 3
	1-1/2" Tubing	6366'	

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.)	
11/21/85	12/9/85	Flow	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hours	110	330	2x6x3/4"
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
13.36 BBL	13.36 BOPD	2.75 BBL	190 MCF/D

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**