STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

OIL CONSERVATION DIVISION

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

RECEIVED
NOV 22 1985
OIL CON. DIV
DIST. 3

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: Columbus Energy Corporation (Formerly Consolidated Oil & Gas, Inc.)

Address: P.O. Box 2038, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)
- [ ] New Well
- [ ] Recompletion
- [x] Change in Ownership

Change in Transporter of:
- [ ] Oil
- [ ] Dry Gas
- [ ] Casinghead Gas
- [ ] Condensate

Other (Please explain): CHANGE OF COMPANY NAME

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.
ROURKE 1E		Undes. Gallup	State, Federal or Fee Federal	

Location: Unit Letter D : 1000 Feet From The North Line and 1000 Feet From The West

Line of Section 4 Township 30N Range 13W NMPM San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [x]: Giant Refining Company
Address (Give address to which approved copy of this form is to be sent): P.O. Box 256, Farmington, NM 87499

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [x]: El Paso Natural Gas Company
Address (Give address to which approved copy of this form is to be sent): P.O. Box 990, Farmington, NM 87499

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	D	4	30N	13W	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.

Kay Echelbarger
(Signature)
Engineering Technician
(Title)
10/21/85
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 27 1985, 19____

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.

Form 3160-5
(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.: SF 078212

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

MAY 21 1984

OIL CON. DIV.
DIST. 3

1. OIL WELL ☐ GAS WELL ☒ OTHER

7. UNIT AGREEMENT NAME:

2. NAME OF OPERATOR: Consolidated Oil & Gas, Inc.

8. FARM OR LEASE NAME: Rourke

3. ADDRESS OF OPERATOR: P.O. Box 2038, Farmington, New Mexico 87499

9. WELL NO.: 1E

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 1000' FNL & 1000' FWL

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FARMINGTON RESOURCE AREA

10. FIELD AND POOL, OR WILDCAT: Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec 4, T30N, R13W

14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH	13. STATE
API # 30-045-25892	5551'GR, 5565'KB	San Juan	N.M.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other) "Conclude Drlg. Op'ns"			X
(Other)			☐	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)			

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

4-20-84 WOC 13 hours. Pr tested BOP & casing to 1500 psi for 30 min, OK. Resumed drilling, hole size 7-7/8".

4-28-84 Drilled to TD (6400') at 8:00 AM. Ran FDC/CNL/GR, IES, Caliper, SP logs from TD to surface casing.

4-29-84 RU & run 5-1/2" casing as follows:
17#, N-80 from 5926' to setting depth of 6397'KB(FC @ 6368')
15.5#, J-55 from surface to 5926'(DV tools @ 1719' & 4239')
Cemented as follows: 1st stage w/ 20 bbl mud flush ahead & 552 cu ft 50/50 pozmix w/ 2% gel & 1/4# celloflake/sk. Plug down @ 1:00 PM. Drop bomb & circ 4 hrs. 2nd stage w/ 10 bbl mud flush ahead, 1000 cu ft 65/35 pozmix w/ 6% gel, 6-1/4# gilsonite & 1/4# celloflake/ sk. Good circ. Circ out 10 bbl cmt. Plug down at 6:00 PM. Drop bomb & circ 4 hrs. 3rd stage 10 bbl mud flush ahead & 720 cu ft 65/35 pozmix w/ 6% gel, 6-1/4# gilsonite & 1/4# celloflake/sk. Good circ. Circ out 10 bbl cmt. Plug down at 10:45 PM. Drop bomb. Nipple down, make cut off & set slips.

4-30-84 Rig released at 2:45 AM.

18. I hereby certify that the foregoing is true and correct

SIGNED Barbara C. Kay TITLE Prod. & Drlg. Technician DATE 5-2-84

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY _____ TITLE _____ DATE MAY 17 1984

CONDITIONS OF APPROVAL, IF ANY:

NMOCC

FARMINGTON RESOURCE AREA
BY SMM

*See Instructions on Reverse Side