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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION 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-110  
Effective 1-1-65

I. **Consolidated Oil & Gas Inc.**  
Address: **P.O. Box 2033, Farmington, New Mexico**  
Reason(s) for filing (Check proper box):  
New Well ☐ Change in Transporter of:  
Oil ☐ Dry Gas ☐  
Improvement ☐ Casinghead Gas ☐ Condensate ☒  
Change in ownership ☐ Other (Please explain)

If change of ownership give name  
and address of previous owner

II. **DESCRIPTION OF WELL AND LEASE**  
Lease Name: **1-2** Well No.: **1-2** Pool Name, Including Formation: **Basin Dakota** Kind of Lease: **State**  
Location: **1-2** Feet From The **South** Line and **1050** Feet From The **West**  
Line of Section: **9** Township: **31 North** Range: **13 West** NMPM, **San Juan** County

III. **DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**  
Name of Authorized Transporter of Oil ☐ or Condensate ☒  
**La Mar Trucking Company** Address (Give address to which approved copy of this form is to be sent):  
**P.O. Box 1523, Farmington, New Mexico**  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐  
**Southern Union Gas Company** Address (Give address to which approved copy of this form is to be sent):  
**Facility Tower Dallas, Texas**  
If well produces oil or liquids, give location of tanks: **Unit** **Sec.** **Twp.** **Rge.** **Is gas actually connected?** **when**

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

IV. **COMPLETION DATA**  
Designate Type of Completion - (X) ☒ Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'tv. ☐ Diff. Res'tv. ☐  
Date Spud: **1-2** Date Compl. Ready to Prod.: **1-2** Total Depth: **1050** P.B.T.D.: **1050**  
Name of Producing Formation: **Basin Dakota** Top Oil/Gas Pay: **1050** Tubing Depth: **1050**  
Tubing, Casing, and Cementing Record:  
HOLE SIZE: **8 1/2** CASING & TUBING SIZE: **5 1/2** DEPTH SET: **1050** SACKS CEMENT: **1050**

V. **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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

GAS WELL

Actual Prod. Test-MMCF/D	Length of Test	Bbls. Condensate/MMCF
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure

VI. **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.

OIL CONSERVATION COMMISSION

APPROVED **FEB 26 1965**, 19

BY **A. R. KENDRICK**

TITLE **PETROLEUM ENGINEER DIST NO 2**

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 Sections I, II, III, and VI only 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.