

NEW MEXICO OIL CONSERVATION COM. ON
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-
Effective 1-1-65

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

CORRECTION

I. Operator
CONSOLIDATED OIL AND GAS, INC.

Address
P.O. BOX 2038 FARMINGTON, NEW MEXICO 87401

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ 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 LANDAUER	Well No. 1-M	Pool Name, Including Formation BASIN DAKOTA	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter I, 2255 Feet From The S Line and 680 Feet From The E Line of Section 3 Township 31N Range 13W, NMPM, SAN JUAN County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> INLAND	Address (Give address to which approved copy of this form is to be sent) 5101 E. MAIN ST. FARMINGTON, N.M. 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> EL PASO NATURAL GAS (CORRECTION)	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 990 FARMINGTON, N.M. 87401	
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'v.	Diff. Res'
		XX						
Date Spudded 8-24-79	Date Compl. Ready to Prod. 4-11-80	Total Depth 6870'		P.B.T.D. 6850'				
Elevations (DF, RKB, RT, GR, etc.) 5742 GL	Name of Producing Formation DAKOTA	Top Oil/Gas Pay 6608'		Tubing Depth 6657'				
Perforations				Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8" casing	277'		200 sks				
7-7/8"	5-1/2" casing	6868'		225 - 265 sks				
	1-1/2" tb.	6657'						
	1-1/4" tb.	4594'						

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	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test 3 HRS.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) pt. back pressure	Tubing Pressure (Shut-in) 1698	Casing Pressure (Shut-in) 1068	Choke Size 3/4

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.

Veryl Moore
(Signature)

PROD. SUPT.

4-25-80

(Title)

(Date)

OIL CONSERVATION COMMISSION

JUN 16 1980

APPROVED _____, 19

Original Signed by FRANK T. CHAVEZ

BY _____
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 deepen well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells 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 conditions.

Separate Forms C-104 must be filed for each pool in multiple completed wells.