

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form O-104
Revised 10-1-78

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OPERATOR	
LAND OFFICE	
TRANSPORTER	
OPERATION OFFICE	

Consolidated Oil & Gas, Inc.

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

Reason(s) for filing (Check proper box)

New Well ☒
Recompletion ☐
Change in Ownership ☐
Change in Transporter of:
Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Cain	Well No. 2	Pool Name, including Formation Undesignated Fruitland	Kind of Lease XXXX, Federal XXXXX	Lease No. SF 078464
Location Unit Letter H : 1520 Feet From The north Line and 790 Feet From The east Line of Section 25 Township 31N Range 13W , NMPM, San Juan County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Southern Union Gathering Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1899, Bloomfield, N.M. 87413
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:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 2-17-83	Date Compl. Ready to Prod. 3-28-83	Total Depth 2205'	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 5820'GR, 5824'KB	Name of Producing Formation Fruitland	Top Oil/Gas Pay 1790'	Tubing Depth 2048'					
Perforations 1790'-2064' (Fruitland)			Depth Casing Shoe 2203'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8"	125'	150					
6-1/4"	4-1/2"	2203'	300					
-	1-1/2" tbg	2048'	-					

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 859 mcf/d	Length of Test 3 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate 0
Testing Method (pilot, back pr.) Prover 1 pt. back pr	Tubing Pressure (Shut-in) 638	Casing Pressure (Shut-in) 638	Choke Size 3/4"

CERTIFICATE OF COMPLIANCE

Hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Darbara C. Rex
(Signature)

Production & Drilling Technician

March 31, 1983

(Date)

OIL CONSERVATION DIVISION

5-11-83

APPROVED

MAY 11 1983

BY Original Signed by FRANK T. HAVAZ

TITLE

SUPERVISOR

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 Form O-104 must be filed for each pool in multiply

