

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	☐ OIL ☐ GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form C-104
Revised 10-01-78
Format 06-01-83
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator CONSOLIDATED OIL & GAS, INC.	
Address P.O. BOX 2038, FARMINGTON, NEW MEXICO 87499	
Person(s) for filing (Check proper box)	Other (Please explain)
☐ New Well	Change in Transporter of:
☐ Recompletion	☐ Oil ☒ Dry Gas
☐ Change in Ownership	☐ casinghead Gas ☐ Condensate

change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name NANCE	Well No. Pool Name, including Formation 1-E FLORA VISTA GALLUP	Kind of Lease State, Federal or Fee Federal	Lease No.
Location Unit Letter N : 590 Feet From The South Line and 1850 Feet From The West Line of Section 27 Township 31N Range 13W N.M.P.M. San Juan County			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)
Giant Refining Co.	P.O. Box 256, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co.	P.O. Box 990, Farmington, NM 87499
Does well produce oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. N 27 31N 13W
Is gas actually connected?	When No

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.

C. 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 S. Echstein
(Signature)
Production & Drilling Technician
(Title)
October 15, 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 21 1985
BY [Signature]
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.