

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	☐ OIL ☐ GAS
OPERATOR	
PROBATION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Consolidated Oil & Gas, Inc.

Address
PO Box 2038, Farmington, NM 87499

Reason(s) for filing (Check proper box):
☒ New Well
☐ Recompletion
☐ Change in Ownership
 Change in Transporter at:
☐ Oil
☐ Condensate Gas
☐ Dry Gas
☐ Condensate
 Other (Please explain):

DEC 05 1984
OIL CON. DIV.
DIST. 3

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name LEA	Well No. 2	Pool Name, including Formation Aztec Pic. Cliffs ext.	Kind of Lease SF	Lease No. 078244
Location Unit Letter <u>E</u> ; <u>1850</u> Feet From The <u>North</u> Line and <u>790'</u> Feet From The <u>West</u> Line of Section <u>30</u> Township <u>31N</u> Range <u>12W</u> , NMPM. San Juan County				

III. 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.	PO Box 256, Farmington, NM 87499
Name of Authorized Transporter of Condensate Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
Southern Union Gathering Co.	PO Box 1899, Bloomfield, NM 87413
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When

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

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.

Barbara C. Lee
(Signature)
Production & Drilling Technician
(Title)
11-30-84
(Date)

OIL CONSERVATION DIVISION
APPROVED DEC 05 1984, 19
BY Original Signed 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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	DILL Resrv.
			X	X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
3-27-84	5-22-84		2300'		2243'				
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
5879'KB, 5875'GR	Pictured Cliffs		2134'		2201'				
Perforations						Depth Casing Shoe			
2142-58', 2182-93', 2219-24', 35 perfs						2286'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"		8-5/8"		164'		187 cu ft			
6-1/4"		4-1/2"		2286'		460 cu ft			
-		1-1/2" TBG		2201'		-			

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

2nd First New CU 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	CU - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL TESTED PC/FR 8-3-84

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
859 MCFD (107 3 hrs)	3 hours	-	-
Producing Method (pump, gas lift, etc.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size
Back Pressure	537 psig	537 psig	2x3/4"