

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 2038
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. **Operator**
Consolidated Oil & Gas, Inc.

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

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

Other (Please explain)

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OIL CON. DIV.

DIST. 3

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name JACQUEZ COM	Well No. 2E	Pool Name, including Formation Basin Dakota	Kind of Lease <input checked="" type="checkbox"/> State, <input type="checkbox"/> Federal or Fee	Lease No.
Location				
Unit Letter <u>C</u> : <u>790</u> Feet From The <u>north</u> Line and <u>1450</u> Feet From The <u>west</u>				
Line of Section <u>2</u> Township <u>31N</u> Range <u>13W</u> , 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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Giant Refining Co.	P.O. Box 256, Farmington, N.M. 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co.	P.O. Box 990, Farmington, N.M. 87499
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>C</u> Sec. <u>2</u> Twp. <u>31N</u> Rge. <u>13W</u>	No

If 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.

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)

July 20, 1984

(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 24 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.	Diff. Resrv.
Date Spudded 6-2-84		Date Compl. Ready to Prod. 6-29-84		Total Depth 6970'		P.B.T.D. 6929' (COTD)			
Elevations (DF, RKB, RT, GR, etc.) 5843'KB, 5830'GR		Name of Producing Formation Dakota		Top Oil/Gas Pay 6682'		Tubing Depth 6800'			
Perforations 6682-6798', 37 perfs						Depth Casing Shoe 6970'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"		8-5/8"		264'		236 cu. ft.			
7-7/8"		5-1/2"		6970'		2801 cu. ft.			
-		1-1/2" Tbg		6800'		-			

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lost 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 Test Date: 7-13-84

Actual Prod. Test-MCF/D 1009 MCFD(CV)	Length of Test 3 hours	Bbls. Condensate/MCF trace	Gravity of Condensate -
Testing Method (pust, back pr.) Back Pressure	Tubing Pressure (Shut-In) 1610 psig	Casing Pressure (Shut-In) 1620 psig	Choke Size 2x3/4"