

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	GAS
OPERATOR	
REGISTRATION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
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)

☒ New Well	Change in Transporter of:	Other (Please explain)
☐ Recompletion	☐ Oil	☐ Dry Gas
☐ Change in Ownership	☐ Casinghead Gas	☐ Condensate

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

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DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name WILLIAMS	Well No. 2	Pool Name, including Formation Undes. Fruitland	Kind of Lease State, Federal or XXXX	Lease No. SFC 78464
Location Unit Letter <u>F</u> : <u>1738</u> Feet From The <u>West</u> Line and <u>1850</u> Feet From The <u>north</u>				
Line of Section <u>24</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 ☐ or Condensate ☒ Giant Refining Co.	Address (Give address to which approved copy of this form is to be sent) PO Box 256, Farmington, N.M. 87499
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) PO Box 990, Farmington, N.M. 87499
If well produces oil or liquids, give location of tanks.	Unit <u> </u> Sec. <u> </u> Twp. <u> </u> Rng. <u> </u> Is gas actually connected? <u>No</u> When <u> </u>

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.

Diana C. Rex
(Signature)
Production & Drilling Technician
(Title)
August 24, 1984
(Date)

OIL CONSERVATION DIVISION

9-11-84
APPROVED SEP 11 1984

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 Res'y.	Diff. Res'y.
			X	X					
Date Cased 4-1-84	Date Compl. Ready to Prod. 6-7-84	Total Depth 2235'		P.B.T.D. 2191'					
Elevations (DF, RKB, RT, GR, etc.) 5850'KB, 5846'GR	Name of Producing Formation Fruitland	Top Oil/Gas Pay 1732'		Tubing Depth 2080'					
Perforations 1732-2086'							Depth Casing Shoe 2235'		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8"		163'		180 cu ft				
6-1/4"	4-1/2"		2235'		1170 cu ft				
-	1-1/2" tbg		2080'		-				

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)

Days 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

ELL TEST: 8-3-84

581 Test - MCF/D	Length of Test 3 hrs	Bbls. Condensate/MCF	Gravity of Condensate
Pressure (psia, brk pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size
Pressure	563	563	2x6x3/4"