STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
CONSOLIDATED OIL & GAS, INC.

Address
P.O.Box 2038, Farmington, N.M. 87499

Reason(s) for filing (Check proper box)

- [X] 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 _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
KAUFMAN	1E	Flora Vista Gallup Ext	State, Federal or Fee SF	078463A

Location

Unit Letter O : 857 Feet From The south Line and 1827 Feet From The east

Line of Section 33 Township 31N Range 13W , NMPM, San Juan County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]	Address (Give address to which approved copy of this form is to be sent)
Giant Refinery	POBox 256, Farmington, N.M. 87499
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]	Address (Give address to which approved copy of this form is to be sent)
~~Gas Co. of New Mexico~~ Southern Union Gathering Co.	POBox 1899, Bloomfield, N.M. 87413

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	O	33	31N	13W	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 Williams
(Signature)

Engineering Ass't
(Title)

8-14-84
(Date)

OIL CONSERVATION DIVISION

APPROVED 8-29-84 AUG 29 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.

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OIL CON. DIV.
DIST. 3

COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
		X	X					

Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
6-20-84	6-19-84	6500' KB	6459'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
6553'KB, 5640'GR	Gallup	6113'	5502'

Perforations	Depth Casing Shoe
5356-5628', (89 perfs) .38" dia	6500

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	263'	295 ft³
7-7/8"	5-1/2"	6500'	2419 ft³
	2-1/16" tbg	5502'	

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)

OIL WELL

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
Oil Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Gas Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
~~873~~926 MCFD	3 hours		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
back pressure	1011 psig	1025 psig	2x6x3/4"