

LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I. OPERATOR
Consolidated Oil & Gas, Inc.
 Address: **4150 E. Mexico Avenue, Denver, Colorado, 80222**
 Reason(s) for filing (Check proper box):
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Shipp "A"	Well No. 3	Pool Name, Including Formation Mid Way Abo	Kind of Lease State, Federal or Fee Fee
Location Unit Letter D ; 660 Feet From The West Line and 660 Feet From The North Line of Section 17 , Township 17S Range 37E , NMPM, Lea County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, Texas		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Skelly Oil Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1650, Tulsa, Oklahoma		
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 17	Twp. Rge. 17S 37E
	Is gas actually connected? No		When -

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 3/7/66	Date Compl. Ready to Prod. 9/9/66	Total Depth 9503'	P.B.T.D. 9472' KB					
Pool Midway Abo	Name of Producing Formation Abo	Top Oil/Gas Pay 8800'	Tubing Depth 8856'					
Perforations 8800, 8818, 8830, 8837, 8855		Depth Casing Shoe 9503'						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	12-3/4"	312' KB	275 sx & 4% gel & 2% CaO					
11"	8-5/8"	4349' KB	650 sx					
7-7/8"	5-1/2"	9303' KB	600 sx reg & pozmix					
	2-7/8"	8856'	-					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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)

Date First New Oil Run To Tanks -	Date of Test 9/9/66	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 125#	Casing Pressure -	Choke Size 20/64"
Actual Prod. During Test 186	Oil-Bbls. 186	Water-Bbls. -	Gas-MCF 331

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Verion J. Love
 (Signature)
Drilling Superintendent
 (Title)
9/12/66
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
 BY _____
 TITLE _____

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 Sections I, II, III, and VI only 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.