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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL / GAS /
OPERATOR	/
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-100 and C-102
Effective 1-1-65

Operator Petroleum Consultants, Inc.		
Address Suite 202, 1420 Carlisle, NE, Albuquerque, N.M. 87110		
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 _____

DESCRIPTION OF WELL AND LEASE				
Lease Name Connie	Well No. 4	Pool Name, including Formation Escrito Gallup	Kind of Lease State, Federal or Fee Federal	Lease No. SF078924
Location				
Unit Letter B	990	Feet From The North	Line and 1650	Feet From The East
Line of Section 28	Township 24N	Range 7W	, NMPM, Rio Arriba County	

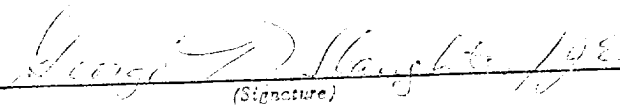
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil ☐ or Condensate ☐ Inland Corp.	Address (Give address to which approved copy of this form is to be sent) Box 1528, Farmington, N.M.					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Petroleum Consultants, Inc.	Address (Give address to which approved copy of this form is to be sent) 1420 Carlisle NE, Albuquerque, N.M.					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 28	Twp. 24N	Rge. 7W	Is gas actually connected? yes	When 5-1-61

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

COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res't. ☐ D.W. Driller ☐		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.M.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations	Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

7. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed any 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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MVCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Gauge-In)	Casing Pressure (Gauge-In)	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.	
 (Signature)	
President (Title)	
August 11, 1975 (Date)	
OIL CONSERVATION COMMISSION	
APPROVED _____, 1975	
BY _____ Original Signed by A. R. Kendrick	
TITLE _____ PETROLEUM ENGINEER DIST. NO. 3	
This form is to be filed in compliance with RULE 100.	
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the production tests taken on the well in accordance with RULE 100.	
All sections of this form must be filled out completely for all wells on new and recompleted wells.	
Fill out only Sections I, II, III, and IV for change of owner, well name or number, or location. Do not fill out Sections V, VI, VII, VIII, and IX for change of owner, well name or number, or location.	