

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

Form O-104  
Supersedes Old O-104 and  
Effective 1-1-65

I.

DISTRIBUTION		7
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	1
OPERATOR		4
PRORATION OFFICE		

Operator  
**CONSOLIDATED OIL & GAS, INC.**  
Address  
**1860 Lincoln Street, Lincoln Tower Bldg., Denver, Colorado 80203**  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☒  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Northwest</b>	Well No. <b>4</b>	Pool Name, including Formation <b>B S MESA Gallup</b>	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Fee
Location Unit Letter <b>B</b> ; <b>890</b> Feet From The <b>N</b> Line and <b>1840</b> Feet From The <b>E</b> Line of Section <b>8</b> , Township <b>26</b> Range <b>4</b> , NMPM, <b>Rio Arriba</b> County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
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)		
<b>Northwest Pipeline Corporation</b>	<b>501 Airport Drive Farmington, New Mexico 87401</b>		
If well produces oil or liquids, give location of tanks.	Unit <b>B</b>	Sec. <b>8</b>	Twp. <b>26</b>
	Rge. <b>4</b>	Is gas actually connected? <b>Yes</b>	When <b>4-20-65</b>

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Pool	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

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	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/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.

*Geraldine Bergame*  
(Signature)

Asst. Production Acct.

*Jan. 34, 1974*

OIL CONSERVATION COMMISSION

APPROVED **FEB 7 1974**, 19

BY **Original Signed by Emery C. Arnold**

TITLE **SUPERVISOR DIST. #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 data taken on the well in accordance with RULE 1111.

All sections of this form must be filled out completely for all wells, on new and existing, old wells.

FILE THIS FORM IN THE FILE OF THE WELL TO WHICH IT RELATES.

FOR INFORMATION OF THE COMMISSION, THE FOLLOWING INFORMATION IS SUBMITTED: