

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

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 1-1-69

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

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
 Lease Name **Tribal @** Well No. Pool **Pictured. Cliffs** Kind of Lease
 State, Federal or Fee
 Location
 Unit Letter **A** ; **790** Feet From The **N** Line and **790** Feet From The **E**
 Line of Section **7** , Township **26** Range **3** , NMPM, **Rio Arriba** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent,
 Name of Authorized Transporter of Casinghead Gas or Dry Gas
Northwest Pipeline Corporation **501 Airport Drive**
Farmington, New Mexico 87401
 If well produces oil or liquids, give location of tanks. Unit **A** Sec. **7** Twp. **26** Rge. **3** Is gas actually connected? **Yes** When **12-11-62**

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'v.
 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 liquid fluid 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.
RECEIVED
JAN 25 1974
OIL CON. COM.
DIST. 3

GAS WELL
 Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF 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.
Suzanne Bergasse
 Asst. Production Acct.
Jan. 24, 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 1164.
 If this is a request for allowable for a newly drilled well, this form must be accompanied by a tabulation of the test taken on the well in accordance with Rule 1111.
 All sections of this form must be filled out completely for all sections and be completed wells.