

DISTRIBUTION	
SANTA FE	1
FILE	1
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
 Effective 1-1-65

I. OPERATOR

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

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name: **Tribal C** Well No. **1** Pool Name/Including Formation **Pictured Cliffs** Kind of Lease

State: **Federal** or Fee

Location

Unit Letter **M** ; **790** Feet From The **S** Line and **1190** Feet From The **W**

Line of Section **6** , 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 Address (Give address to which approved copy of this form is to be sent)

Northwest Pipeline Corporation **501 Airport Drive**

Farmington, New Mexico 87401

If well produces oil or liquids, give location of tanks. Unit **M** Sec. **6** Twp. **26** Rge. **3** Is gas actually connected? **Yes** When **7-16-62**

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 formation and must be equal to or exceed top 24 hours for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (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/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

OIL CONSERVATION COMMISSION
FEB 7 1974

APPROVED _____, 19____

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

TITLE **SUPERVISOR DIST. #3**

Geraldine Bergamo
 (Signature)
 Asst. Production Act.
 Jan. 24, 1974

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or old well, this form must be accompanied by a tabulation of the data tests taken on the well in accordance with RULE 1111.
 All sections of this form must be filled out completely to allow on new and recompleted wells.