

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.

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

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 ☒ **Farm 1**
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 Champlin	Well No. 8	Pool Name (See also Correlation) Pictured Cliffs	Kind of Lease State ☒ Federal ☐ Fee
Location Unit Letter J : 1650 Feet From The S Line and 1650 Feet From The E			
Line of Section 25 , Township 27 Range 4 , N.M.P.M., 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 J	Sec. 25
	Twp. 27	Rge. 4
	Is gas actually connected? Yes When 12-26-63	

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'y.	Diff. Feet
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 production and must be equal to or exceed test 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 Bergamo
(Signature)

Asst. Production Acct.

Jan 24, 1974

OIL CONSERVATION COMMISSION
FEB 7 1974

APPROVED _____, 19

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

TITLE **SUPERVISOR DIST. #2**

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or reworked well, this form must be accompanied by a tabulation of the test data taken on the well in accordance with RULE 1111.

All sections of this form must be filled out completely and submitted in triplicate.

1. This form is to be filed in compliance with RULE 1104.

2. This form is to be filed in compliance with RULE 1104.

3. This form is to be filed in compliance with RULE 1104.