

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
Revised 10-85  
Format 08-85-01  
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OIL CONSERVATION DIVISION  
P. O. BOX 2038  
SANTA FE, NEW MEXICO 87501

NOV 22 1985

OIL CON. DIV.  
DIST. 3

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                    |     |
|--------------------|-----|
| OIL OF CONGO WELLS |     |
| DISTRIBUTION       |     |
| SANTA FE           |     |
| FILE               |     |
| M.S.R.A.           |     |
| LAND OFFICE        |     |
| TRANSPORTER        | OIL |
|                    | GAS |
| OPERATOR           |     |
| PRODUCTION OFFICE  |     |

**I. OPERATOR**

Columbus Energy Corporation (Formerly Consolidated Oil & Gas, Inc.)

ADDRESS  
P.O. Box 2038, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

☐ New Well ☐ Change in Transporter oil ☒ Dry Gas ☐ Change in Ownership ☐ Oil ☐ Condensate ☐ Other (Please explain) CHANGE OF COMPANY NAME

If change of ownership give name and address of previous owner

**II. DESCRIPTION OF WELL AND LEASE**

|                                   |                 |                                                    |                                        |                      |
|-----------------------------------|-----------------|----------------------------------------------------|----------------------------------------|----------------------|
| Lease Name<br>WILLIAMS 1          | Well No.        | Pool Name, including Formation<br>Blanco Mesaverde | Kind of Lease<br>State, Federal or Fee | Lease No.<br>Federal |
| Location<br>H 1550 North 790 East | Unit Letter     | Foot From The                                      | Line and                               | Foot From The        |
| Line of Section<br>24             | Township<br>31N | Range<br>13W                                       | N.M.P.M.                               | San Juan Country     |

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

|                                                                                                                          |                                                                          |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent) |
| Giant Refining Company                                                                                                   | P.O. Box 256, Farmington, NM 87499                                       |
| Name of Authorized Transporter of Condensate 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) |
| El Paso Natural Gas Company                                                                                              | P.O. Box 990, Farmington, NM 87499                                       |
| If well produces oil or liquids, give location of tanks.                                                                 | Is gas actually connected? When                                          |
| Unit: H Sec: 24 Twp: 31N Rge: 13W                                                                                        | Yes                                                                      |

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

NOTE: Complete Parts IV and V on reverse side if necessary.

**VI. CERTIFICATE OF COMPLIANCE**

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

*Key E. Robinson*  
(Signature)  
Engineering Technician  
(Title)  
10/21/85  
(Date)

OIL CONSERVATION DIVISION

NOV 22 1985

APPROVED \_\_\_\_\_, IS  
BY *Frank J. [Signature]*  
SUPERVISOR DISTRICT # 3  
TITLE \_\_\_\_\_

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 deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.