ĺ	TE DECEIVED S			V	
Ì	J: ION		USERVATION COMMISSION OR ALLOWABLE	Form C-104 Surersedes Old C-104 and C-110	
Ì	SANTA E		AND	Effective 1-1-65	
	U.S.G.S.		SPORT CIL AND NATURAL GAS		
Ì	LAND OFFICE				
	TRANSPORTER OIL				
Į	GAS /				
ļ	OPERATOR (
1.	PRORATION OFFICE				
	CONSOLIDATED GIL AND GAS INC.				
]					
	1860 LINCOLN ST., LI	ENVER, COLORADO	Other (Please explain)		
	Reason(s) for filing (Check proper box) New Well	Change in Transporter of: 1.5			
	Recompletion	Oil Dry Gas	B from GN,	N .	
	Change in Ownership	Casinghead Gas Conder.se	ate		
			\mathcal{O}		
	If change of ownership give name and address of previous owner				
11.	DESCRIPTION OF WELL AND L	Well No. Poor ame, merrang . at	million Kind of Lease	Leose No. SF078707	
	DUKE	1M BASIN DAKOTA	State, Federal or F	ee FED . STOTE OF	
	Location				
	Unit Letter 1 : 1640 Feet From The FSL Line and 790 Feet From The F.IL				
		nahip 31N Bange 1	3W , NMPM,	SAN JUAN County	
	Line of Section 13 Town	nship JIN			
) T T	III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent)				
111.	None of Authorized Transporter of Oil	or Congersate	Address (Give address to which apploined t	9, 9, 1111	
	INLAND INLAND Or Dry Gas XX Address iffice address to which approved copy of this form is to be sent)				
	None of Authorized Transporter of Cast	, , , , , , , , , , , , , , , , , , ,			
If well produces oil or liquids, que location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number:					
DI COURT CTION DATA				ag Back Same Res'v. Diff. Res'v.	
Designate Type of Completion - (X) Onl Well Sas Well New Well Workever Designate Type of Completion - (X)					
		Date Compl. Ready to Prod.	Total Depth P.	B.T.D.	
	Date Spudded 1026-79	2-7-80	6975	6972	
	Elevations DF, RkB, RT, GR, etc.,	Name of Froducing Formation	Top Cit/Gds Pay	sking Depth 4672	
	5822 KB	DK	6658	epth Casing Shoe	
_	Perforations.				
	TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	12-174	8-5/8	275	200 425	
	7-7/8	5-1/2	6972	423	
		1-1/2	6.721		
	TEST DATA AND REQUEST FOR ALLOWABLE (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)				
V.	OIL WELL Producing Method (Flow, pump, gas lift, etc.)				
	Olf. WELL Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas 11)1, 2		
1			1	V V . C/4-2 / 1 / 1 / 1	
	Length of Test	Tubing Pressure			
	Actual Fred, During Test	Oil-Bb.	Water - Bbis.	52 1930	
	Versat Lieur Paring			CON COM.	
		OIL CON. COM.		nict 3 /	
	GAS WELL	Length of Test	Sbls. Condensate/MMCF	servity of Condensate	
	Actual Frod, Test-MCF/D	Length of 1 est			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	theke Size	
	Learning Retries (Process)	1138			
וע	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION APR 16 1980		
•	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. Moore (Signature)		APPROVED APR L	, 19	
			TITLE SUPERVISOR DISTRICT # 3 This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation well, this form must be accompanied by a tabulation of the deviation.		
	PROD. SUPT.		All sections of this form must be filled our completely to		
	3-26-80 (Title)		All sections of the same 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 conditions well name Forms C-104 must be filed for each pool in multiply		
		(Date)		De titled for agen boot in merchit	
			completed wells.		

