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OPERATOR

PROBATION CLERK

Operator		Consolidated Oil & Gas, Inc.	
Address		1860 Lincoln Street, Denver, Colorado 80295	
Reason(s) for filing (check proper box)		Other (Please explain)	
New well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Gas/Steam/Gel	<input type="checkbox"/>
		Any Gas	<input type="checkbox"/>
		Contents etc	<input type="checkbox"/>
		Change letter suffix	
		Freeman 1A to Freeman 1M	

If change of ownership give name
and address of previous owner _____

Lease Name Freeman	Well No. 1M	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. USNM 059848
Location				
Unit Letter "C"	790	Feet From The North	Line and 1980	Feet From The West
Line of Section 11	Township 31 North	Range 13 West	USNM, San Juan County	

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Inland						
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When

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

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.			
Elevations (DF, R.A.B, RT, GR, etc.,)	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			

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

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Floyd E. Ellison, Jr.
(Signature)
Vice Pres. Operations, Rocky Mtn. Div.
(Title)
November 2, 1979
(Date)

APPROVED _____, 19____
BY _____
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.