

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I. OPERATOR
CONSOLIDATED OIL & GAS INC.
Address
P.O. BOX 2038 FARMINGTON, NEW MEXICO 87401
Person(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name PHILLIPS Well No. 1-1 Pool Name, including Formation BASIN DAKOTA Kind of Lease State, Federal or Fee FEE Lease No.
Location Unit Letter K 3650 Feet From The 3 Line and 1700 Feet From The W
Line of Section 23 Township 31N Range 13W NMPM, SAN JUAN County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter ☒ Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
INLAND 5101 E. MAIN FARMINGTON, N.M. 87401
Name of Authorized Transporter ☒ Casinghead Gas ☐ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)
SOUTHERN UNION GASERING P.O. BOX 398 BLOOMFIELD, N.M. 87413
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When

IV. COMPLETION DATA
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Restv. Diff. Restv.
Date Spudded 2-26-80 Date Compl. Ready to Prod. 5-20-80 Total Depth 6850' P.B.T.D. 6782'
Elevations (DF, RKB, RT, GR, etc.) 5775' GR Name of Producing Formation DAKOTA Top Oil/Gas Pay 6707' Tubing Depth 6602'
Perforations 6453' - 6707' Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
12-1/4" 8-5/8" csg. 267' 200 sx
7-7/8" 5-1/2" csg. 6849' 1417 sx
1-1/2" tb3. 6602'

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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)
Date First New Oil Run To Tank 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 397 Length of Test 3 hrs. Bbls. Condensate/MMCF Gravity of Condensate
Testing Method (pilot, back pr.) 1 pt. back press. Tubing Pressure (shot-in) 250 flow Casing Pressure (shot-in) none Choke Size

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 above is true and complete to the best of my knowledge and belief.
Veryl Moore PROD. SUPT.
6-4-80

OIL CONSERVATION DIVISION
JUN 16 1980
APPROVED BY Original Signed by FRANK T. CHAVEZ
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 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.