OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

1.	CAND OFFICE TRANSPORTER OIL OAE OPERATOR PAGRATION OFFICE	REQUEST F	FOR ALLOWABLE AND NSPORT OIL AND NATU	JRAL GAS			
	Consolidated Oil & Gas. Inc.						
	P. O. Box 2038 Farmington, New Mexico						
	Reason(s) for filing (Check proper box) Other (Please explain)						
	Recompletion	Change in Transporter of: Oil Dry	Gas				
	Change in Ownership		densate				
		,					
	If change of ownership give name and address of previous owner						
Π.	DESCRIPTION OF WELL AND Lease Name	Well No. I Pook Name, Including	Formation	Kind of Lease		Lease No.	
	Kline	1-M Blance Mesa Verde	e	State, Federal or	Fee FEE	_	
	Location					· · · · · · · · · · · · · · · · · · ·	
÷	Unit Letter I : 1820	Feet From The S	Line and 1190	Feet From The _	E		
	Line of Section 10 Tox	waship 31N Range	13W NMPh	a. San Juan	•	County	
	Eline o. Section 20 100	mising S21.	1 Hours	, Juli Juan		County	
11.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
	Name of Authorized Transporter of Oil X or Condensate X			Address (Give address to which approved copy of this form is to be sent)			
	Inland Name of Authorized Transporter of Cas	singhead Gas or Dry Gas 🔀	5101 E. Main Address (Give address		gton, N.Mex. 87401 oved copy of this form is to be sent)		
	Southern Union Gathering		P. 0. Box 398	Bloomfield, N.Mex. 87413			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connect				
	give location of tanks.						
	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA						
١٧.		Oil Well Gas Well	New Well Workover	Deepen Pi	ug Back Same F	Res'v. Diff. Res'v.	
	Designate Type of Completic				i	i 	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth 68 3 6	P.	B.T.D.		
	4-16-80 Elevations (DF, RKB, RT, GR, etc.)	9-24-80 Name of Producing Formation	Top Oil/Gas Pay	Tu	6809 bing Depth		
	5699 GL	MV	4388		4392		
	Perforations			De	pth Casing Shoe		
	4388-4500 TUBING, CASING, AND CEMENTING RECORD						
-	HOLE SIZE	CASING & TUBING SIZE	DEPTH S		SACKS C	EMENT	
}	124	8-5/8	265		275 sks.		
	7-7/8	5支	6832		955 sks.		
		1 1 2	4392				
	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 allow						
	TEST DATA AND REQUEST FO OIL WELL	oble for this	depth or be for full 24 hours	1)		or exceed top disox	
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flou	o, pump, gas lift, etc	2:)		
	Length of Test	Tubing Pressure	Casing Pressure		THER	\	
	Langua or Year			/AV	ILIAED	1	
	Actual Pred, During Test	OII-Bbis.	Water - Bbls.	18	OCT 2 1981	0	
					101 2 130	No.	
	CAC UEV			, '	OCT CON. CO		
٢	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Cordenagts/MMC	F.	Ally opsions	ate /	
	162	3 Hours					
	Testing Method (pitot, back pr.)	Tubing Presewe(shut-in) 1125	Cosing Pressure (Shut	-in) Ch	oke Sixe		
	1 pt. backpress	1			PONTON	· · · · · · · · · · · · · · · · · · ·	
1. (CERTIFICATE OF COMPLIANC	J L	OIL C	ONSERVATURA	DELAISIDIA		
I	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED				
Ī	Division have been compiled with and that the information given above is true and complete to the beat of my knowledge and belief.		Original Sig	Original Signed by FRANK T. CHAVEZ			
•			SUPERVISO	SUPERVISOR DISTRICT # 3			
				TITLE			
	Usryl 7. Moure			This form is to be filed in compliance with MULE 1104. If this is a request for allowable for a newly drilled or despensed			
-	(Signa	ime) (Well this form musi	be accompanied	by a tabulation	of the deviation	
	\mathcal{L}	11. 7	tests taken on the wall in accordance with MULE 111.				

Maril 7. Moore
Production Sust
9-29-80
(Date)

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.