ENERGY AND MINERALS DEPARTMENT

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

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

I. Operator

CONSOLIDATED OIL & GAS, INC.

Address

P.O. BOX 2038, FARMINGTON, NEW MEXICO 87401

Reason(s) for filing (Check proper box)

New Well	[X]	Change in Transporter of:		Other (Please explain)
Recompletion	[ ]	Oil [ ]	Dry Gas [ ]	
Change in Ownership	[ ]	Casinghead Gas [ ]	Condensate [ ]	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
TEMPLETON	1E	GALLUP	State, Federal or Fee FEE	

Location

Unit Letter B ; 890 Feet From The N Line and 1820 Feet From The E

Line of Section 27 Township 31 Range 13 , NMPM, SAN JUAN County

III. 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	1501 EAST MAIN, FARMINGTON, NEW MEXICO
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]	Address (Give address to which approved copy of this form is to be sent)
SOUTHERN UNION GATHERING	P.O. BOX 1899, BLOOMFIELD, NEW MEXICO

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge	Is gas actually connected?	When
					NO	

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

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X						

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
7-9-80	12-26-80	6630	6600
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
5592 RKB	GALLUP	5674	5681
Perforations			**Depth Casing Shoe**
			6629

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	263	250
7 7/8	5 1/2	6629	1625
	1 1/2	5681	

V. 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)

OIL WELL

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**

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	XXXXXXXXXXXX/MMCF	Gravity of Condensate
TSM	3 hours	TSM	
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
1 pt back pr.	250	750	3/4

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 above is true and complete to the best of my knowledge and belief.

Cheryl Moore
(Signature)

PRODUCTION SUPT.
(Title)

1-14-81
(Date)

FEB 23 1981
OIL CON. COM.
DIST. 3

OIL CONSERVATION DIVISION

APPROVED MAY 11 1981, 19 _____

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.