

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	GAS
OPERATOR	
PROMOTION OFFICE	

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

Form C-104
Revised 10-01-78
Format 05-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Consolidated Oil & Gas, Inc.
Address
PO Box 2038, Farmington, New Mexico 87499
Reason(s) for filing (Check proper box)
☒ New Well
☐ Recompletion
☐ Change in Ownership
Change in Transporter of:
☐ Oil
☐ Condensate
☐ Dry Gas
☐ Other (Please explain)
If change of ownership give name and address of previous owner

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DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name FREEMAN	Well No. 1R	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease XXX Federal of XXX	Lease No. NM 059848
Location Unit Letter <u>A</u> : <u>990</u> Feet From The <u>north</u> Line and <u>990</u> Feet From The <u>east</u> Line of Section <u>11</u> Township <u>31N</u> Range <u>13W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Giant Refinery Co.	Address (Give address to which approved copy of this form is to be sent) PO Box 256, Farmington, NM 87499					
Name of Authorized Transporter of Gas ☐ or Dry Gas ☒ El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) PO Box 990, Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 11	Twp. 31N	Range 13W	Is gas actually connected? NO	When

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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

Barbara C. Lee
(Signature)

Engineering Technician
(Title)

1-24-85
(Date)

OIL CONSERVATION DIVISION
2-1-85
APPROVED _____, 19
BY _____
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.

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	DUAL Resrv.
		X	X					
Date Spudded 11-1-84	Date Compl. Ready to Prod. 12-18-84	Total Depth 6870'	P.B.T.D. 6837' FC 6829'					
Sections (DF, RKB, RT, GR, etc.) 5765'KB, 5752'GR	Name of Producing Formation Mesa Verde	Top Oil/Gas Pay 4408'	Tubing Depth 4621'					
Perforations -573'-4682', 37 perfs; 4408'-4533', 88 perfs							Depth Casing Shoe 6868' (Pkr @ 4730')	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	312'	252
7-7/8"	5-1/2"	6868'	1265
-	1-1/2"TBG	4621'	-

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)

First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
in of Test	Tubing Pressure	Casing Pressure	Choke Size
Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL TEST DATE: 1-22-85

Actual Prod. Test - MCF/D 3039 MCFD (380 MCF)	Length of Test 3 hrs	Bbls. Condensate/MCF -	Gravity of Condensate -
Testing Method (plug, back pr.) Back Pressure	Tubing Pressure (Shut-in) 920 psig	Casing Pressure (Shut-in) 920 psig	Choke Size 2x6x3/4"