

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

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-103  
Supersedes Old O-103  
Effective 1-1-65

I.

Operator <b>CONSOLIDATED OIL &amp; GAS, INC.</b>	
Address <b>1860 Lincoln Street, Lincoln Tower Bldg., Denver, Colorado 80203</b>	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Ticabilla</b>	Well No. <b>3</b>	Pool Name, including Formation <b>Basin Dakota</b>	Kind of Lease State, <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Fee
Location Unit Letter <b>B</b> ; <b>1055</b> Feet From The <b>N</b> Line and <b>1850</b> Feet From The <b>E</b> Line of Section <b>8</b> , Township <b>26</b> Range <b>5</b> , NMPM, <b>Rio Arriba</b> County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Northwest Pipeline Corporation</b>	<b>501 Airport Drive Farmington, New Mexico 87401</b>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. <b>B 8 26 5</b>
	Is gas actually connected? When <b>Yes 11-14-63</b>

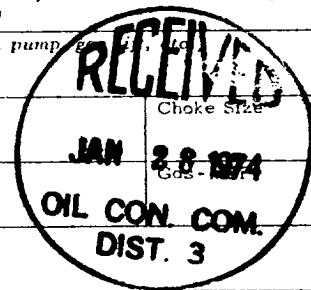
If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Pool	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		

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 of allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.



GAS WELL	
Actual Prod. Test-MCF/D	Length of Test
Testing Method (pitot, back pr.)	Tubing Pressure
	Casing Pressure
	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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.

*Geraldine Bergamo*  
(Signature)

Asst. Production Acct.

*Jan. 24, 1974*

OIL CONSERVATION COMMISSION

FEB 7 1974

APPROVED, 19

BY **Original Signed by Emory C. Arnold**

TITLE **SUPERVISOR DIST. #3**

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or old well, this form must be accompanied by a tabulation of the test taken on the well in accordance with RULE 1111.

All sections of this form must be filled out completely, and only once, and be completed with the