	- -		4 6
DISTRIBUTION	i	CONSERVATION COMMISSION	Form C-104
SANTAFE	REQUEST	FOR ALLOWABLE AND	Supersedes Old C-104 and C-11 Effective 1-1-65
U.S.G.S.		ANSPORT OIL AND NATURAL	GAS
LAND OFFICE	7,677,610,277,1610,16	, , , , , , , , , , , , , , , , , , , ,	
TRANSPORTER GAS			
OPERATOR			
PRORATION OFFICE Operator			
Consolidated 011			
P.O. Box 2038, Reason(s) for filing (Check proper bo	Farmington, New Mexico	Other (Please explain)	
:1ew Well	Change in Transporter of:		
Recompletion	Oil Dry G	ensate	
Change in Ownership	Custingheda Gus Consa	Shoute	······
If change of ownership give name and address of previous owner			
. DESCRIPTION OF WELL AND Lease Name	Well No. Pool N	ame, Including Formation	Kind of Lease
Northwest		Basir, Dakota	State, Federal or Fee Federal
Location Unit Letter C;	95 Feet From The North L	ine andFeet From	The West
		, NMPM, D4-	A multiple County
Line of Section 6, T	ownship 26 North Range	4 West , Mile R10	Arriba County
. DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL G	AS Address (Give address to which appr	oved copy of this form is to be sent)
Name of Authorized Transporter of C	Company	P.O. Box 1528, Fa	rmington New Marico oved copy of this form is to be sent)
	1 //	Address (Give address to which appr	oved copy of this form is to be sent)
El Jane	Unit Sec. Twp. Rge.	Is gas actually connected?	hen .
If well produces oil or liquids, give location of tanks.	C 6 26 N 4 I		
	with that from any other lease or pool		P.C2/8
. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v, Diff. Res'v,
Designate Type of Complet		Notable Boopsi	1
Date Spudited	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, AI	ND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be	after recovery of total volume of load o depth or be for full 24 hours)	il and must be equal to or exceed top allou
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-MF
			JACOLI Y LD
CAC WELL			OCT 21 1965
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravit OHLINGON, COM.
		Cool or Pro-	DIST. 3
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
I. CERTIFICATE OF COMPLIA	NCE	OIL CONSERV	ATION COMMISSION
		APPROVED 007 2 1 1965	
I hereby certify that the rules and	d regulations of the Oil Conservation with and that the information give	···	
above is true and complete to t	the best of my knowledge and belief	By Original Signed	Emery C. Arnold

Production Foreman (Title)

10-13965 (Date)

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 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 Sections I, II, III, and VI only 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.

NO. OF COPIES RECEIVED	-		
DISTRIBUTION /		COUSERVATION COMMISSION	Form C-104
FILE	REQUEST	FOR ALLOWABLE AND	Supersedes Old C-104 and C-11 Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS
LAND OFFICE	AOTHORIZATION TO TRA	AND ON THE AND NATONAL	OAS
TRANSPORTER OIL '	-		
OPERATOR /	_		
PRORATION OFFICE			
Censolidated Oil &	Gas Irc.		
Address			
P.O. Box 2038 Far Reason(s) for filing (Check proper box	:)	Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	Oil Dry Go		
Change in Ownership	Casinghead Gas Conde	nsute X	
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND Lease Name		me, Including Formation	Kind of Lease
Northwest Location	3 Un	disignated Gallup	State, Federal or Fee Federal
Unit Letter; _895	Feet From The North Liz	ne and 1850 Feet From	n The West
Line of Section 6 , To	wnship 26 North Range	4 West , NMPM, Rio	Arriba County
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS	
Name of Authorized Transporter of Oi	1 or Condensate	Address (Give address to which appropriate address)	roved copy of this form is to be sent)
La Mar Trucking Communication Name of Authorized Transporter of Communication Name of Authorized Transporter Name of Author	Dany Spindhead Gas or Dry Gas	P.B. Bex 1528 Par Address (Give address to which appl	mington, New Mexico roved copy of this form is to be sent)
Nume of Authorized Transporter of Se		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Kat Jano bar	Unit Sec. Twp. Rge.	Is gas actually connected?	Vhen
If well produces oil or liquids, give location of tanks.	C 6 26 M 4 W	Vee	
If this production is commingled w	ith that from any other lease or pool,	give commingling order number:	P.C.=248
COMPLETION DATA		-	
Designate Type of Completi	on - (X)	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.
Date Spudged	Date compilitionary to Freat		
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	TUBING, CASING, AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND REQUEST F			il and must be equal to or exceed top allou
OIL WELL	able for this d	epth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	min, etc.)
Length of Test	Tubing Pressure	Casing Pressure	RELEVED
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCT 21 1965
CAC WELL			OIL CON. COM./ DIST. 3
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
. CERTIFICATE OF COMPLIAN	NCE	OIL CONSERV	ATION COMMISSION
. CERTIFICATE OF COMPENSAGE			
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED 0CT 21 196	
Commission have been complied	with and that the information given he best of my knowledge and belief.	BY Original Si	igned Emery C. Arnold

Production Foreman

10-19-65

TITLE Supervisor Dist. # 3 This form is to be filed in compliance with RULE 1104.

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