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 C-104
Supersedes Old C-104 and C-
Effective 1-1-65

I.

Operator
CONSOLIDATED OIL & GAS, INC.

Address
1860 Lincoln Street, Lincoln Tower Bldg., Denver, Colorado 80203

Reason(s) for filing *(Check proper box)*

New Well [ ]
Recompletion [ ]
Change in Ownership [ ]

Change in Transporter of:
Oil [ ]
Casinghead Gas [ ]
Dry Gas [X]
Condensate [ ]

Other *(Please explain)*

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
Tribal C	6	Tapacito Pictured Cliffs	State, Federal or Fee

Location
Unit Letter D : 990 Feet From The N Line and 990 Feet From The W
Line of Section 5, Township 26 Range 3, NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [ ]	Address *(Give address to which approved copy of this form is to be sent)*
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)*
Northwest Pipeline Corporation	501 Airport Drive Farmington, New Mexico 87401

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	D	5	26	3	Yes	11-14-62

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

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 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**

RECEIVED
JAN 28 1974
OIL CON. COM.
DIST.

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**

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.
January 24, 1974

OIL CONSERVATION COMMISSION

APPROVED FEB 7 1974, 19

BY

TITLE Original Signed by Emery C. Arnold
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 in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.