HO. OF COPIES REC	EIVED	
DISTRIBUTION		7
SANTA FE		1
FILE		1
U.S.G.S.		1
LAND OFFICE		1
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		1
BRORATION OFFICE		1

III.

NO. OF COPIES RECEIVED			D	
DISTRIBUTION 7		CONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110	
SANTA FE 1	REQUEST	REQUEST FOR ALLOWABLE Effective 1-1-65		
FILE 1		AND	CAS	
u.s.g.s. 1	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS	
LAND OFFICE 1				
IRANSPORTER OIL 1				
GAS 1				
OPERATOR 1				
PRORATION OFFICE				
Operator	_			
Consolidated Oil & G	as, inc.			
Address	Colo 80295			
1860 Lincoln Ave., D Reason(s) for filing (Check proper box)	enver, coro. cozys	Other (Please explain)		
F	Change in Transporter of:			
New Well	Oil Dry Go	as X		
Recompletion	Casinghead Gas Conde			
Change in Ownership	Gasing			
f change of ownership give name				
and address of previous owner				
DESCRIPTION OF WELL AND	LEASE	Formation Kind of Lea	ise Jicarilla Legse No.	
Lease Name	Well Mo., Poor radine, meradina	ofination	eral or Fee Apache Contr. 1	
Jicarilla "C"	1-A Blanco Mesa V	erde State, rede	and of the input	
Location	Namah	790	East	
Unit Letter	North Feet From The	ne and Feet From	To The Last	
Onit Letter		4W , NMPM, Rio A	rriha County	
Line of Section 11 Tov	wnship 26N Range	4W , NMPM, R10 F	IIIDa	
		4.5	•	
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	Ass Address (Give address to which app	roved copy of this form is to be sent)	
Name of Authorized Transporter of Oil	cr Condensate	Box 1528, Farmington,	New Mex. 87401	
Inland Corporation		Attress (Give address to which app	proved copy of this form is to be sent)	
Name of Authorized Transporter of Car	singhead Gas or Dry Gas	1st. International Blo	ig., Dallas, Texas 75270	
Gas Co. of New Mexic	- Page		When	
If well produces oil or liquids,	Unit Sec. Twp. Age. 4	No		
give location of tanks.				
If this production is commingled wi	th that from any other lease or pool	, give comminging order number.		
COMPLETION DATA	Cil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Completi		\mathbf{x}		
	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.	
Date Spudded	9-29-77	61501	61081	
6-24-77	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth	
Elevations (DF, RKB, RT, GR, etc.)	l .	5521 1	5913 '	
7090' Gr.	Mesa Verde	3321	Depth Casing Shoe	
Perforations				
	TUBING CASING AL	ND CEMENTING RECORD		
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
HOLE SIZE		292 t K.E.	300	
15"	10 3/4"	4100' K.B.	225	
8 3/4"	7"	6150' K.F.	210	
6 1/4"	4 1/2" 2 3/8"	50131 K.B.		
	OD AT TOWARTE /Test must be	after recovery of total volume of load	oil and must be equal to or exceed top allow	
TEST DATA AND REQUEST F	able for this	denth of be for full 24 mounts		
OIL WELL Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga	s lift, etc.)	
- Date : and thou on the same			Choke Size	
Length of Test	Tubing Pressure	Casing Pressure		
			Gga-MCF	
Actual Prod. During Test	Oil-Bhis.	Water-Bbls.	Gal-MCF. 0 1977	
Actual From Barrier			- 1 301 Cort. Com. /	
			V 0/01: 3 /	
GAS WELL			Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Giana	
CV-2510 AOF-2730	3 hrs.	25 2 4 5 3	Choke Size	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	3/4"	
1 pt. Potential	1065 p.s.i.g.	1070 p.s.i.g.		
CERTIFICATE OF COMPLIA			EVATION COMMISSION	
CERTIFICATE OF COMPLIA		APPROVED		
	regulations of the Oil Conservation	on APPROVED	<u> </u>	

VΙ

9/30/77

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.

heo	Case		
Prod. Sup	(Signature) ot Farmington District		
(Title)			

(Date)

APPROV	ED	· ,	19
BY	ORIGINAL SHOULD IN A ME ANA		
D 1	PETROLEUM ENGINEER D	IST. NO.	3
TITLE			

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.