1.	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE PANSPORTER GAS OPERATOR PROBATION OFFICE	REQUEST	CONSERVATION COMMISSION FOR ALLOWABLE AND ANSPORT OIL AND NATURAL GA	Form C-134 Supersedes Old C-104 and C-11 Effective 1-1-85
	Consolidated Oil & Gas, Inc.			
	1860 Lincoln Street, D Reason(s) for filing (theck proper box)	Change in Transporter of:	Other (Please explain)	,
	If change of ownership give name and address of previous owner			
11.	DESCRIPTION OF WELL AND I			Kind of Lease
	Hoyt Location	2-A Bla	inco Mesaverde	State, Federal or Fee Federal
	Unit Letter I , 1850	Feet From The south	ine and 790 Feet From The	east
	Line of Section 5 , Tow	mskip 26N Range	4W , NMPM, Rio Arri	ba County
Ш.	DESIGNATION OF TRANSPORT		AS Address (Give address to which approved)	found this form is to be sent.
	Name of Authorized Transporter of Cli Inland Corp.		P.O. Box 1528, Farming t	
	Name of Authorized Transporter of Cas	inghead Gas 🔃 or Dry Gas 🔀	P.O. Box 1526, Salt Lak	
	Northwest Pipeline If well produces oil or Hquids, give location of tanks.	Unit Sec. Twp. Rge. I 5 26N 4W	Is gas actually connected? When	e crey, cam c 1220
	If this production is commingled with that from any other lease or pool, give commingling order number:			
	Designate Type of Completion	Gas Well Gas Well		Plug Back Same Restv. Diff. Restv.
	Date Spudded 9/7/77	Date Compl. Ready to Prod. 12/27/77	Total Depth 8442	P.B.T.D. 6250
	Blanco	Name of Froducing Formation Mesaverde	Top Oil/Gas Pay 6143	Tubing Depth 6126
	Perforations	6211		Depth Casing Shoe 8440
	14 holes 6143-6211 8440 TUBING, CASING, AND CEMENTING RECORD			0110
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	15''	10-3/4"	293	300
	9-7/8''	7-5/8''	4298 8440	400 150
	6-3/4''	5-1/2'' 1-1/2''	6126	130
V.	TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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)			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift,	etc.)
	Length of Test	Tabing Pressure	Casing Pressure	Choke lize.
	Actual Prod. During Test	Cil-Bbis.	Water-Bbls.	Gas MCF JAN 11 1970
	GAS WELL			
	Actual From Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	CV-3028, AOF 3129 Testing Method (pitot, back pr.)	3 hrs.	Casing Pressure	Choke Size
	1 pt. potential	1070	1070	3/4
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
	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.		BY SUPERVISOR DIST. #3	
			TITLE	

(Singlature)
Chief Drilling and Production Engineer

(Title)

January 6, 1978

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.

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.

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

Separate Forms C-104 must be filed for each pool in multiply completed wells.