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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-110  
Effective 1-1-65

Operator <b>Consolidated Oil &amp; Gas, Inc.</b>		
Address <b>1860 Lincoln Street, Lincoln Tower Building, Denver, Colorado 80295</b>		
Reason(s) for filing (Check proper box)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of ownership give name and address of previous owner		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Tribal "C"</b>	Well No. <b>11-A</b>	Pool Name, Including Formation <b>Blanco Mesaverde</b>	Kind of Lease <b>Indian</b>
Location			State, Federal or Fee
Unit Letter <b>E</b>	<b>1850</b>	Feet From The <b>North</b> Line and <b>890</b>	Feet From The <b>West</b>
Line of Section <b>8</b>	Township <b>26N</b>	Range <b>3W</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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
<b>Inland Corporation</b>	<b>P. O. Box 1528, Farmington, New Mexico 87401</b>		
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>P. O. Box 1526, Salt Lake City, Utah 84110</b>		
If well produces oil or liquids, give location of tanks.	Unit <b>E</b>	Sec. <b>5</b>	Twp. <b>26N</b>
			Rge. <b>3W</b>
			Is gas actually connected? <b>No</b>
			When

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'ty.	Diff. Res'ty.
			<b>X</b>	<b>X</b>					
Date Spudded <b>1-4-78</b>	Date Compl. Ready to Prod. <b>3-7-78</b>		Total Depth <b>6033'</b>		P.B.T.D. <b>5894'</b>				
Pool <b>Blanco</b>	Name of Producing Formation <b>Mesaverde</b>		Top Oil/Gas Pay <b>5371'</b>		Tubing Depth <b>5762'</b>				
Perforations <b>5371'-5870'</b>						Depth Casing Shoe <b>5935'</b>			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
<b>15"</b>	<b>10-3/4"</b>		<b>308'</b>		<b>300 sx</b>				
<b>8-3/4"</b>	<b>7"</b>		<b>3900'</b>		<b>250 sx</b>				
<b>6-1/4"</b>	<b>4-1/2" liner</b>		<b>5935'</b>		<b>250 sx</b>				
	<b>1-1/2"</b>		<b>5762'</b>						

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	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D <b>CU-1148, AOF-1703</b>	Length of Test <b>3 hours</b>	Bbls. Condensate/MMCF <b>Zero</b>	Gravity of Condensate
Testing Method (pitot, back pr.) <b>1 pt back pressure</b>	Tubing Pressure <b>675#</b>	Casing Pressure <b>Shut in</b> <b>85# 1062</b>	Choke Size <b>3/4"</b>

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.

*D.T. Stogre, Jr.*  
(Signature)

**Chief Drilling and Production Engineer**  
(Title)

**March 21, 1978**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED **APR 3 1978**, 19  
BY **Original Signed by A. R. Kendrick**  
SUPERVISOR DIST. #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 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.