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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

I.

Operator Consolidated Oil & Gas, Inc.	
Address 1860 Lincoln Street, Lincoln Tower Bldg., Denver, Colorado 80295	
Reason(s) for filing (check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hoyt	Well No. 3-A	Pool Name, including Formation Blanco Mesaverde	Kind of Lease Jicarilla State, Federal or Fee Apache	Lease No. Contract 119
Location				
Unit Letter "H" ; 1850 Feet From The North Line and 1060 Feet From The East				
Line of Section 5 Township 26 North Range 4 West , NMPM, Rio Arriba 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)					
Inland Corporation	P. O. Box 1528, Farmington, New Mexico 87401					
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)					
Northwest Pipeline Corporation	P. O. Box 1526, Salt Lake City, Utah 84110					
If well produces oil or liquids, give location of tanks.	Unit "H"	Sec. 5	Twp. 26N	Rge. 4W	Is gas actually connected? no	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'v.	Diff. Res'v.
			X	X					
Date Spudded 4-10-78	Date Compl. Ready to Prod. 4-18-78	Total Depth 6450' KB		P.B.T.D. 6405' KB					
Elevations (DF, RKB, RT, GR, etc.) 7290' GR	Name of Producing Formation Mesaverde	Top Oil/Gas Pay 5733'		Tubing Depth 6450'					
Perforations				Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
15"	10-3/4"	300' KB		300 sx C1 "B" cmt					
8-3/4"	7"	4324' KB		150 sx 65-35 pozmix					
6-1/8"	4-1/2"	6450' KB		250 sx 50-50 pozmix					
	1-1/2"	6267' KB							

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 AOF-2768, CV-2477	Length of Test 3 hrs	Bbls. Condensate/MMCF -----	Gravity of Condensate -----
Testing Method (pilot, back pr.) 1 pt back pressure	Tubing Pressure (shut-in) 1071 psig	Casing Pressure (shut-in) 1073 psig	Choke Size 3/4"

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. Stogner - Jr
Vice President, Operations
Gulf Coast-West Texas Division
(Title)
August 8, 1978
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 14 1978, 19____
Original Signed by FRANK P. CHAVEZ
BY _____
DEPUTY OIL & GAS ADMINISTRATOR, D.O. J.E.
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.