60. DETERMINED 1			/
SANTA FL		CONSERVATION COMMISSION FOR ALLOWABLE AMD	Nom C-104 Supersedes Old C-104 and C-17 Effective 1-1-65
U.S.G.S.  LAND OFFICE  TRAL PORTER GAS /	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL (	
OPERATOR /		API	30-039-21513
Consolidated Oil &	Gas, Inc.	· · · · · · · · · · · · · · · · · · ·	
Reason(s) for filing (Check proper be	t, Lincoln Tower Bldg  Change in Transporter of:	Other (Please explain)	80295
Hecompletion Change in Ownership	Custinghead Gas Conde		
If change of ownership give name and address of previous owner			
II. DESCRIPTION OF WELL AND	D LEASE   Well No.   Pool Name, Including F	Cormitton Kind of Leas	° Jicarilla Legse No.
Jenny Location	1-A Blanco Mesa		Contract
Unit Letter "P"; 9	90 Feet From The South Li	ne and 790 Feet From	The <u>East</u>
Line of Section 13 T	ownship 26N Range	4W , NMPM, Rio	Arriba County
n. designation of transpol	RTER OF OIL AND NATURAL GA	AS Address (Give address to which appro	
Name of Authorized Transporter of C Inland Corporation		P. O. Box 1528, Far	
Name of Authorized Transporter of C	asinghead Gas 🗍 💮 or Dry Gas 😿	Address (Give address to which appro	ved copy of this form is to be sent)
Gas Company of New	Mexico	1st International E	31dg., Dallas, TX 752
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pge.	No 1	
	with that from any other lease or pool,	give commingling order number:	
V. COMPLETION DATA  Designate Type of Complet	ion - (X)   Cil Well   Gas Well   X	New Well Workover Deepen	Plug Back   Same Res'v.   Dift. Res'v.
Date Spudded 4-20-78	Date Compl. Ready to Prod.  1-29-79	Total Depth 8110'	P.B.T.D. 8096'
Elevations (DF, RKB, RT, GR, etc., 7085 GL, 7097 KB	Name of Producing Formation	Top Cil/Gas Pay 5926'	Tubing Depth 5965'
Perforations 5926'-5980' (16 x	0.32" holes)		Depth Casing Shoe 8059 '
		D CEMENTING RECORD DEPTH SET	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	297'	300 sx C1 "B"
9-7/8"	7-5/8"	4060'	250 sx 65-35 Pozmix
6-3/4"	5-1/2" 1-1/2"	8059' 5965'	350 sx 50-50 Pozmix
/. TEST DATA AND REQUEST :	FOR ALLOWARIE (Test must be o	after recovery of total volume of load oil epth or be for full 24 hours)	and must be equal to or exceed top allow-
Date First New Cil Run To Tanks	Date of Test.	Producing Method (From, pump, gas li	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oli-Bbis.	Water-Bbls.	Gay-MCF
			LEH COM.
GAS WELL Actual Prod. Tost-MCF/D	Length of Tost	Bbis. Condensate/MMCF	Gravity et Condensate
AOF 4269; CV 2236	3 hrs		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
1 pt back pressure	1122	1122	ATION COMMISSION

I. 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 in true and complete to the beat of my knowledge and belief.

Vice President, Operat

February 2, 1979

(Date)

75270

APR APPROVED. Original Signed by A. R. Kendric) BY\_ SUPERVISOR LINE. AN TITLE .

This form is to be filed in compliance with RULE 1904.

If this is a request for allowable for a newly unities or despended well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with NULE 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.