ı.	DISTRIBUTE TON SANTA OF FILE U.S.G.S. LAND DEFICE TRAS CORTER OIL GAS OPERATOR PHORATION OFFICE					
••	Consolidated Oil & Gas, Inc.					
	Address					
	1860 Lincoln Street, Lincoln Tower Building, Denver, Colorado 80295					
	Reason(s) for filing (Check proper box, New Well X Recompletion Change in Ownership	Change in Transporter of: Cil Dry Gas Casinghead Gas Condensate				
	If change of ownership give name and address of previous owner		•	· 		
n.	DESCRIPTION OF WELL AND					
	Lease Name	ise Name Well No. Pool Name, including			Jicarilla or Fee Apache	Çontr.4
	Jenny Location	1-A Basin Dakota		State, 1 edelat	Apacie	1 105 "
	Unit Letter 1911 : 990 Feet From The South Line and 790 Feet From The East					
	Line of Section 13 Township 26N Range 4W , NMPM, Rio Arriba County					
	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Nome of Authorized Transporter of Oil of Condensate X 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 Cas	Address (Give address to which approved copy of this form is to be sent)				
	Gas Company of New Mexico		1st International Building., Dallas, Texas 75270			
	if well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	No			
	f this production is commingled with that from any other lease or pool, give commingling order number:					
*.	Designate Type of Completion	on - (X) Gas Well X	New Well Workover	Deepen	1 1	'v. Diff. Res'v.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		8096'	
	4-20-78	1-29-79 Name of Producing Formation	8110' Top Oil/Gas Pay		Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.) 7085 GL, 7097 KB	Basin Dakota	7946'		7922'	
	Ferforations 7946' -7960' (8 holes x			Depth Casing Shoe 80110'		
			CEMENTING RECORD		SACVE CENEVA	
	HOLE SIZE	CASING & TUBING SIZE	297 DEPTH SET		300 sx Cl "B"	
	15"	10-3/4" 7-5/8"	4060'		250 sx 65-35 P	ozmix
	9-7/8" 6-3/4"	5-1/2"	8110'		350 sx 50-50 F	
	U-3/ 4	1-1/2"	7922'			
<i>'</i> .	TEST DATA AND REQUEST FOR ALLOWABLE (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 Tancs Date of Teat		Producing Method (Flow, pump, gas lif		ii, eic.)	
	Length of Test	Tubing Pressure	Casing Pressure		Choke St.	

Oll-Bbls. Water - Bble. Gas - MOF Actual Prod. During Test

GAS WELL Gravity of Condensate Actual Prod. Test-MCF/D Bbls. Condensate/MMCF Longth of Tost AOF 558; CV 551 3 hrs Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) 3/4" on packer 1295 psi 1 pt back pressure

I. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.

Vice President, Operations

February 12, 1979

(Title)

(linte)

OIL CONSERVATION COMMISSION

2 1979 APP

APPROVED. drick

By Original Signal

SUPERVISOL -

This form is to be flied in compliance with MULE 1104.

If this is a request for allowable for a newly drilled or despensed 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.