

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
2005
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-105
Effective 1-1-65

FILE
UNIT
LAND
TRA
OPERATION
PRODUCTION

Operator
Consolidated Oil & Gas, Inc.
Address
1860 Lincoln Street, Denver, Colorado 80295
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: ☐
Recompletion ☐ Oil ☐ Dry Gas ☐ Change letter suffix
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐ Jenny 1A to Jenny 1M
Other (Please explain)

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Jenny	Well No. 1M	Pool Name, including Formation Blanco Mesaverde	Kind of Lease Jicarilla State, Federal or Fee Apache	Lease No. Contr.105
Location Unit Letter "P" 990 Feet From The South Line and 790 Feet From The East Line of Section 13 Township 26 North Range 4 West, NMPM, Rio Arriba County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ Inland	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ State of New Mexico	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Pge.	Is gas actually connected?	When

If this production is commingled with that from any other lease or pool, give commingling order number:

II. COMPLETION DATA

Designate Type of Completion - (X)										Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded		Date Compl. Ready to Prod.			Total Depth			P.B.T.D.									
Elevations (DF, RAB, RT, GR, etc.)		Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth									
Perforations								Depth Casing Shoe									
TUBING, CASING, AND CEMENTING RECORD																	
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT									

III. 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	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

IV. 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.

Floyd E. Johnson, Jr.
(Signature)
Vice Pres. Operations Rocky Mtn. Div.
(Title)
November 2, 1979
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 2 1979, 19
BY Original Signature
TITLE DEPUTY

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