

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
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OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**RECEIVED**  
AUG 13 1984  
OIL CON. DIV. I  
DIST. 3

I. Operator  
Consolidated Oil & Gas, Inc.

Address  
P.O. Box 2038, Farmington, N.M. 87499

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)  
Completion of new zone

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hoyt	Well No. 1E	Pool Name, including Formation B.S. Mesa Gallup	Kind of Lease Jicarilla Ap State, Federal or Indian	Lease No. 09-000119
Location Unit Letter <u>E</u> : <u>1785</u> Feet From The <u>N</u> Line and <u>837</u> Feet From The <u>W</u> Line of Section <u>5</u> Township <u>26N</u> Range <u>4W</u> , 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"/> Giant Refinery	Address (Give address to which approved copy of this form is to be sent) P.O. Box 256, Farmington, N.M. 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline Corp.	Address (Give address to which approved copy of this form is to be sent) 3539 E. 30th St., Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rqs. E 5 26N 4W
Is gas actually connected?	When no

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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

Barbara Williams  
(Signature)  
Engineering Ass't  
(Title)  
8-8-84  
(Date)

OIL CONSERVATION DIVISION  
10-17-84  
APPROVED OCI 17 1984  
BY Frank J. [Signature]  
TITLE SUPERVISOR DISTRICT # 3

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.

#### 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				X
Date Spudded 9-10-79	Date Compl. Ready to Prod. 6-14-84	Total Depth 8406'		P.B.T.D. 8388'					
Elevations (DF, RKB, RT, GR, etc.) 7243'GR, 7256'KB	Name of Producing Formation B.S. Mesa Gallup	Top Oil/Gas Pay 7358'		Tubing Depth 7568'					
Perforations 7708-7740' w/9, .38" dia holes; 7362-7630' w/ 68, .38" dia (15/4)				Depth Casing Shoe 8388'					
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
14-3/4"	10-3/4"	314'		300					
9-7/8"	7-5/8"	4299'		250					
	5 1/2" Lines	7568'							
		4143-8399		350					

#### V. 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)

Basic 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 Test date: 7-3-84

Actual Prod. Test - MCF/D 546	Length of Test 3 hours	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (Shut-in) <del>28</del> psig 1072	Casing Pressure (Shut-in) <del>372</del> psig 1070	Choke Size 2x6x3/4"