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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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-105
Effective 1-1-65

API 30-039-22121

Operator Consolidated Oil & Gas, Inc.	
Address 1860 Lincoln Street, 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"/>

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE	
Lease Name Jicarilla "C"	Well No. 1-E
Pool Name, Including Formation Gallup, Dakota	Kind of Lease Jicarilla
	State, Federal or Fee Apache
	Lease No. Contract No. 101
Location	
Unit Letter A	960 Feet From The north Line and 850 Feet From The east
Line of Section 11	Township 26N Range 4W, NMPM, Rio Arriba County

II. 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 Corp.	P.O. Box 1528, Farmington, N.M. 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)
Gas Company of New Mexico	1st International Bldg., Dallas, Tex. 75207
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	A 11 26N 4W No

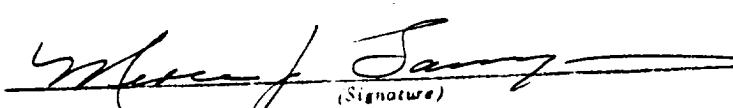
If this production is commingled with that from any other lease or pool, give commingling order number:

V. 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 8/1/79	Date Compl. Ready to Prod. 10/11/79
Elevations (DF, RKB, RT, GR, etc.) 7093 KB	Name of Producing Formation Dakota
Perforations 7992-8134	Total Depth 8151
	Top Oil/Gas Pay 7989
	P.B.T.D. 8144
	Tubing Depth 8033
	Depth Casing Shoe 8144

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13-3/4	10-3/4	295 KB	300 SX.
8-3/4	7	4146	150
6-1/4	4-1/2	8144	216
	1-1/2	8038	

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
Actual Prod. During Test	Oil - Bbls.
	Water - Bbls.
	Gas - MCF

GAS WELL	
Actual Prod. Test - MCF/D AOF 1213	Length of Test 3 hrs.
Testing Method (pilot, back pr.) 1 pt. back press.	Tubing Pressure (Shut-in) 1321
	Bbls. Condensate/MMCF
	Gravity of Condensate
	Casing Pressure (Shut-in) 1621
	Choke Size 1/2"

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 is true and complete to the best of my knowledge and belief.	
	
Senior Production Engineer	
Jan. 8, 1980	

OIL CONSERVATION COMMISSION	
APPROVED JAN 11 1980	
BY Original Signed	
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	