

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

039-23475

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator	
Consolidated Oil & Gas, Inc.	
Address	
PO Box 2038, Farmington, NM 87499	
Reason(s) for filing (Check proper box)	
☒ New Well	Change in Transporter of:
☐ Recompletion	☐ Oil
☐ Change in Ownership	☐ Casinghead Gas
	☐ Dry Gas
	☐ Condensate
Other (Please explain)	
OCT 12 1984 OIL CON. DIV. DIST. 3	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
TRIBAL C	1E	Wildhorse Gallup ext.	State Federal or Private	XXXX Jic. Cont. 97
Location				
Unit Letter	F	1520 Feet From The	north	Line and 1235 Feet From The west
Line of Section	6	Township	26N	Range 3W, NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)
Giant Refining Co.	PO Box 256, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
Northwest Pipeline Corp.	3539 E. 30th St., Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rgs. is gas actually connected? When
	F 6 26N 3W 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 C. Rex
(Signature)
Production & Drilling Technician
(Title)
10-8-84
(Date)

OIL CONSERVATION DIVISION
10-18-84
APPROVED OCT 18 1984
BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT # 3
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 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					
Date Spudded 7-3-84	Date Compl. Ready to Prod. 9-1-84	Total Depth 8210'	P.B.T.D. 8160' (7690' PKR)					
Elevations (D.F., RKB, RT, GR, etc.) 7025' KB, 7012' GR	Name of Producing Formation Gallup	Top Oil/Gas Pay 7111'	Tubing Depth 7579'					
Perforations 7111'-7580', 118 perfs, .38" dia						Depth Casing Shoe 8197'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15-1/2"	10-3/4"	294'	350
9-7/8"	7-5/8"	4040'	940
6-1/2"	5-1/2"	3784'-8197'	345
-	1-1/2" Tbg	7579'	-

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)

Days 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: 9-25-84

Actual Prod. Test - MCF/D 1091 136 MCF (1179 MCFD)	Length of Test 3 hrs	Bbls. Condensate/MCF mist	Gravity of Condensate -
Producing Method (pump, gas lift, etc.) Back Pressure	Tubing Pressure (Shut-In) 2079 psig	Casing Pressure (Shut-In) PKR 1476	Choke Size 2x6x3/4"

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	☐ Dry Gas
	☐ Condensate
Other (Please explain)	

RECEIVED

OCT 12 1984

OIL CON. DIV.

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name TRIBAL C	Well No. 1E	Pool Name, including Formation Basin Dakota	Kind of Lease XXXX Federal or Fee	Lease No. XXXX Jic. Cont. 97
Location				
Unit Letter F	1520	Feet From The north	Line and 1235	Feet From The west
Line of Section 6	Township 26N	Range 3W	, NMPM, Rio Arriba County	

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been complied with and that the information given is true and complete to the best of
my knowledge and belief.

Barbara C. Rex

(Signature)

Production & Drilling Technician

(Title)

10-8-84

(Date)

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10-18-84
APPROVED
OCT 18 1984
BY Original Signed by FRANK I. CHAVEZ
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Elevations (DF, RKB, RT, GR, etc.) 7025'KB, 7012'GR	Name of Producing Formation Dakota	Top Oil/Gas Pay 7970'		Tubing Depth 8127'					
Perforations 7970'-8148', 100 perfs, .38" dia							Depth Casing Shoe 8197'		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
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Days 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: 10-2-84

Actual Prod. Test-MCF/D 125 MCF (996 MCFD)	Length of Test 3 hrs	Bbls. Condensate/LMCF mist	Gravity of Condensate -
Flowing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	2079 psig	Pkr	2x6x3/4"