

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	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 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
OCT 9 1984
OIL CON. DIV.
DIST. 3

I. **Operator**
Consolidated Oil & Gas, Inc.

Address
P.O. Box 2038, Farmington, NM 87499

Reason(s) for filing (Check proper box)

☒ New Well	☐ Change in Transporter of:	Other (Please explain)
☐ Resumption	☐ Oil ☐ Dry Gas	
☐ Change in Ownership	☐ Castinhead Gas ☐ Condensate	

If change of ownership give name and address of previous owner _____

II. **DESCRIPTION OF WELL AND LEASE**

Lease Name TRIBAL C	Well No. 12E	Pool Name, including Formation Basin Dakota	Kind of Lease State Federal Lease Jic Contr	Lease No. 97
Location				
Unit Later <u>M</u> ; <u>790</u> Feet From The <u>south</u> Line and <u>790</u> Feet From The <u>west</u>				
Line of Section <u>8</u> Township <u>26N</u> Range <u>3W</u> , NMPM, <u>Rio Arriba</u> 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 Castinhead 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 87401
If well produces oil or liquids, give location of tanks.	Is gas actually connected?
Unit <u>M</u> Sec. <u>8</u> Twp. <u>26N</u> Rge. <u>3W</u>	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)
10-5-84
(Date)

OIL CONSERVATION DIVISION
10-19-84
APPROVED OCT 19 1984, 19
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT # 2

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 Resrv.	Diff. Resrv.
			X	X					
Date Spudded 8-3-84	Date Compl. Ready to Prod. 9-12-84	Total Depth 8145'				P.B.T.D. 8104' (FC)			
Elevations (DF, RKB, RT, GR, etc.) 6952' GR, 6965' KB	Name of Producing Formation Dakota	Top Oil/Gas Pay 7841'				Tubing Depth 8004'			
Perforations 7841-8030', 107 perfs						Depth Casing Shoe 8145'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET				SACKS CEMENT			
15-1/2"	10-3/4"	329'				475			
9-7/8"	7-5/8"	3970'				700			
6-3/4"	5-1/2" csg lnr	3782'-8145'				450			
-	1-1/2" tbg	8004'				-			

V. TEST DATA AND REQUEST FOR ALLOWABLE (Tests must be after recovery of total volume of load oil and must be equal to or exceed test 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 TEST DATE: 10-2-84

Actual Prod. Test - MCF/D 113 MCF (900 MCFD)	Length of Test 3 hrs	Bbls. Condensate/MCF trace	Gravity of Condensate NA
Testing Method (pump, back pr.) Back Pressure	Tubing Pressure (Shut-In) 1190 psig	Casing Pressure (Shut-In) 1616 psig	Choke Size 2x6x3/4"