

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| REGISTRATION OFFICE    |     |

OIL CONSERVATION DIVISION  
P. O. BOX 2038  
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

**I. OPERATOR**

Operator: CONSOLIDATED OIL & GAS, INC.

Address: P.O. BOX 2038, FARMINGTON, NEW MEXICO 87499

Reason(s) for filing (Check proper box):

|  |   |                        |
|--|---|------------------------|
| <input type="checkbox"/> New Well            | Change in Transporter of:               | Other (Please explain) |
| <input type="checkbox"/> Recompletion        | <input type="checkbox"/> Oil            |                        |
| <input type="checkbox"/> Change in Ownership | <input type="checkbox"/> Casinghead Gas |                        |

☒ Dry Gas  
☐ Condensate

(If change of ownership give name and address of previous owner)

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DIST. 3

**II. DESCRIPTION OF WELL AND LEASE**

|                            |                        |   |  |           |
|----------------------------|------------------------|---|--|-----------|
| Lease Name<br><u>HURON</u> | Well No.<br><u>4-E</u> | Pool Name, including Formation<br><u>B.S. MESA GALLUP</u> | Kind of Lease<br><u>Jicarilla</u>      | Lease No. |
|                            |                        |   | State, Federal or Fee<br><u>Indian</u> |           |

Location:

Unit Letter A : 800 Feet From The North Line and 790 Feet From The East Line

Line of Section 2 Township 26N Range 4W 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"/>         | Address (Give address to which approved copy of this form is to be sent) |
| <u>Giant Refining Co.</u>  | <u>P.O. Box 256, Farmington, NM 87499</u>                                |
| 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) |
| <u>El Paso Natural Gas Co.</u>   | <u>P.O. Box 990, Farmington, NM 87499</u>                                |

|  |          |          |            |           |                            |      |
|--|----------|----------|------------|-----------|----------------------------|------|
| If well produces oil or liquids, give location of tanks. | Unit     | Sec.     | Twp.       | Range     | Is gas actually connected? | When |
|  | <u>A</u> | <u>2</u> | <u>26N</u> | <u>4W</u> | <u>No</u>                  |      |

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.

**IV. 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.

Kay S. Eckstein  
(Signature)  
Production & Drilling Technician  
(Title)  
October 15, 1985  
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 21 1985

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 allowables 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.