

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

|                        |  |
|------------------------|--|
| NO. OF COPIES RECEIVED |  |
| DISTRIBUTION           |  |
| SANTA FE               |  |
| FILE                   |  |
| U.S.S.A.               |  |
| LAND OFFICE            |  |
| TRANSPORTED            |  |
| 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

**I. 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

II. DESCRIPTION OF WELL AND LEASE

|                      |                 |  |                              |                    |
|----------------------|-----------------|--|------------------------------|--------------------|
| Lease Name<br>HURON  | Well No.<br>4-E | Pool Name, including Formation<br>BASIN DAKOTA | Kind of Lease<br>Jicarilla   | Lease No.          |
| Location             |                 |  | State, Federal or Fee Indian |                    |
| Unit Letter<br>A     | 800             | Feet From The North Line and                   | 790                          | Feet From The East |
| Line of Section<br>2 | Township<br>26N | Range<br>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"/>         | Giant Refining Co.            | Address (Give address to which approved copy of this form is to be sent) |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | El Paso Natural Gas Co.       | Address (Give address to which approved copy of this form is to be sent) |
| If well produces oil or liquids, give location of tanks.   | Unit<br>A                     | Sec.<br>2  |
|  | Twp.<br>26N                   | Rge.<br>4W   |
|  | Is gas actually connected? 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.

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

OIL CONSERVATION DIVISION

APPROVED *Frank J. Davis* OCT 21 1985  
BY  
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.