## NO. OF COPH'S RECEIVED NEW MEXICO OIL CONSERVATION COMMISSION Horm C-104 DISTRIBUTION Supersedes Old C-101 and C-110 REQUEST FOR ALLOWABLE SANTA LE Effective 1-1-65 AND FILE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS U.S.G.S. LAND OFFICE TRANSPORTER **OPERATOR** PRORATION OFFICE Operator CONSOLIDATED OIL & GAS, INC. Addresss 1860 Lincoln Street, Lincoln Tower Bldg., Denver, Colorado 80203 Other (Please explain) Reason(s) for filing (Chrek proper box) Change in Transporter of: New Well Dty Gas OII Recompletion Condensate Casinghead Gas Change in Ownership If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Well No. | Pool Name, Including Formation State, Federal or Fee - BASIN : 1190 Feet From The N County 25 Range , Township\_\_\_\_ III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Cil refile and Address (Give address to which approved copy of this form is to be sent) /First International Bldg., Suite 1800 Dallas, Texas 75270 Is gas actually connected? When Name of Authorized Transporter of Casinghead Gas or Dry Gas [X] Gas Company of New Mexico Unit If well produces oil or liquids, give location of tanks. 9-10-64 Yes If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Same Res'v. Diff. Res'v. Plug Back Gas Well Workover Deepen Oil Well Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded Tubing Depth Name of Producing Formation Top Oil/Gas Pay Pool Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD **SACKS CEMENT** CASING & TUBING SIZE DEPTH SET HOLE SIZE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Hun To Tanks Date of Test Casing Pressure Tubing Pressure Length of Test Water - Bbls. Actual Prod. During Test Oil-Bbls. GAS WELL Actual Prod. Test-MCF/D Bbls. Condensate/MMCF Gravity of Condensate Length of Test Casing Pressure Choke Size Tubing Pressure Testing Method (pitot, back pr.) OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE APPROVED.

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.

ABBL Production Acct.

deptember 1, 1976

BY\_ 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 Sections I, II, III, and VI only for changes of owner. well name or number, or transporter or other such change of condities

Separate Forms C-104 must be filed for each pool in multiple completed wells.