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NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective [illegible]

I.

Operator
Consolidated Oil & Gas Inc.

Address
P.O. Box 2038, Farmington, New Mexico

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

New Well	X	Change in Transporter of:	
Recompletion		Oil	Dry Gas
Change in Ownership		Casinghead Gas	Condensate

Other *(Please explain)*

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool, Including Formation	Kind of Lease
Mills	1	Basin Dakota	State, Federal or Fee **Federal**

Location

Unit Letter **K** **1650** Feet From The **West** Line and **1650** Feet From The **South**

Line of Section **19** Township **25 North** Range **9 West** NMPM, **San Juan** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	or Condensate X	Address *(Give address to which approved copy of this form is to be sent)*
~~Inland Ice Mac Trucking~~		P.O. Box 1528, Farmington, New Mexico
Name of Authorized Transporter of Casinghead Gas	or Dry Gas X	Address *(Give address to which approved copy of this form is to be sent)*
Southern Union Gas Company		Fedility Tower, Dallas 22, Texas
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 19 Twp. 25N Rge. 9 W	Is gas actually connected? When No

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion – (X)		New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
5-21-65	6-8-65	6460	6460
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
Dakota (Basin)	Basin Dakota	6437	6452
Perforations			**Depth Casing Shoe**
6437 - 6452			6463

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8" 20#	322	155
7 7/8"	4 1/2" 11.60#	6466	250
	1 1/2" 2.90#	6430	open

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)

OIL WELL

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

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
8470	3 hours	18.90 BBls.	.70 est.
Testing Method *(pitot, back pr.)*	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
one point back pressure	905	593	3/4

VI. CERTIFICATE OF COMPLIANCE

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.

(Signature)

Production Foreman
(Title)

6-28-65
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

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 condition.

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