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NEW MEXICO OIL CONSERVATION COMMISSION

(Form C-104)
Revised 7/1/57

Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Farmington, New Mexico Nov. 10, 64
(Place) (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Consolidated Oil & Gas Inc. Navajo, Well No. 2-11, in NE 1/4 NE 1/4,
(Company or Operator) (Lease)

A 11 25 N 10 W, NMPM, Basin Dakota Pool
Unit Letter

San Juan

County. Date Spudded 9-10-64 Date Drilling Completed 9-26-64
Elevation 6896 Total Depth 6780 PBD 6766

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

Top Oil/Gas Pay 6692 Name of Prod. Form. Dakota

PRODUCING INTERVAL -

Perforations 6692-6724

Open Hole 6780 Depth Casing Shoe 6795 Depth Tubing 6673

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: 3,750 MCF/Day; Hours flowed 3

Choke Size 3/4" Method of Testing: one point back pressure

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): Sand & Water Free

Casing Press. 959 Tubing Press. 263 Date first new oil run to tanks _____

Oil Transporter La Mar Trucking

Gas Transporter Southern Union Gas

Remarks:

I hereby certify that the information given above is true and complete to the best of my knowledge.
Approved _____, 19____ Consolidated Oil & Gas Inc.
(Company or Operator)

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title NOV 12 1964

Supervisor Dist. # 3

By: Thomas M. Bayl
(Signature)

Title Area Superintendent

Send Communications regarding well to:

Name Consolidated Oil & Gas Inc.

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

