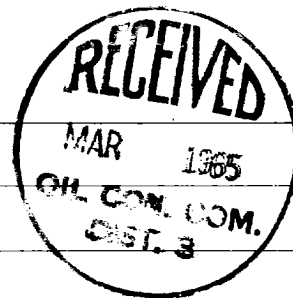


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TRANSPORTER	OIL GAS
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NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Old C-104 and C-110
 Effective 1-1-65



I. Operator: **Consolidated Oil & Gas Inc.**
 Address: **P.O. Box 2030, Farmington, New Mexico**
 Reasons for filing (Check proper box):
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Lundean 3	Well No.	1-7	Pool Name, Including Formation	Basin Dakota	Kind of Lease	State, Federal or Fee	Federal
Location	Unit Letter P ; 790' Feet From The South Line and 790' Feet From The East							
	Line of Section 3 , Township 25 North Range 10 West , NMPM, San Juan County							

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Inland	Address (Give address to which approved copy of this form is to be sent)		P.O. Box 1520, Farmington, New Mexico			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Southern Union Gas Company	Address (Give address to which approved copy of this form is to be sent)		Fidelity Tower, Dallas, Texas			
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 3	Twp. 25 N	Rge. 10 W	Is gas actually connected? No	When	

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)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
12-31-64	1-27-65	6600	6567					
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Basin Dakota	Basin Dakota	6526	6545					
Perforations	Depth Casing Shoe							
6526-6536	6601 K.B.							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8		256		175			
7 7/8	4 1/2		6601		290			
	1 1/2		6546					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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)

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
3,173	3 Hours	15 Bbls	.70 est
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
One point back pressure	260	780	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.

Clayton H. ...
 (Signature)
Production Superintendent
 (Title)
2-15-65
 (Date)

OIL CONSERVATION COMMISSION
 APPROVED **MAR 8 1965**, 19 _____
 BY **Original Signed Emery C. Arnold**
 TITLE **Supervisor Dist. # 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 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.