

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
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, N. M. 87499

Reason(s) for filing (Check proper box)

☒ New Well	Change in Transporter of:	Other (Please explain)
☐ Recompletion	☐ Oil	☐ Dry Gas
☐ Change in Ownership	☐ Condensate Gas	☐ Condensate

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OIL CON. DIV. I
DIST. 3

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>LADD</u>	Well No. <u>1R</u>	Pool Name, including Formation <u>Basin Dakota</u>	Kind of Lease State, Federal or Fee	Lease No. <u>013480</u>
Location Unit Letter <u>F</u> : <u>1550</u> Feet From The <u>North</u> Line and <u>1850</u> Feet From The <u>West</u>				
Line of Section <u>10</u> Township <u>25N</u> Range <u>09W</u> NMPM. <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)
<u>Giant Refinery</u>	<u>P.O. Box 256, Farmington, N.M. 87499</u>
Name of Authorized Transporter of Condensate Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
<u>Gas Company of New Mexico</u>	<u>P.O. Box 1899, Bloomfield, N.M. 87413</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>F</u> <u>19</u> <u>25N</u> <u>09W</u> <u>no</u>

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.

Barbara L. Williams
(Signature)
Engineering Ass't
(Title)
8-13-84
(Date)

OIL CONSERVATION DIVISION
5-20-84
APPROVED AUG 20 1984
BY Original Signed by FRANK T. CHAVEZ
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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
			X	X					
Date Spudded	Date Comm. Ready to Prod.		Total Depth		P.B.T.D.				
6-3-84	7-6-84		6612'		6569				
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
6748' KB; 6735' GR	Basin Dakota		6450'		6507' KB				
Perforations						Depth Casing Shoe			
6479-6522' w/1SPF; 3.38" dia, 44 perfs						6613'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"		8-5/8"		256'		240 ft ³			
7-7/8"		5-1/2"		6612'		2351 ft ³			
		1-1/2" tbg		6507' KB					

V. TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of initial volume of liquid and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Start 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 Date tested: 7-26-84

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
200	3 hours		
Producing Method (flow, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size
back pressure	548	562	2x6x3/4"