STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-1-78

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OIL CON. DIV.
DIST. 3

I.

Operator: VERYL F. MOORE

Address: 2605 HIGHLAND PLACE, FARMINGTON, NEW MEXICO 87401

Reason(s) for filing (Check proper box)
- New Well [X]
- Recompletion [ ]
- Change in Ownership [ ]
- Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]

Other (Please explain)

If change of ownership give name and address of previous owner: CONSOLIDATED OIL & GAS, INC. 1860 LINCOLN ST., DENVER, CO. 80296

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
CON HALE	1J	BALLARD PICTURE CLIFF	State, Federal or Fee FEDERAL	NM 02901

Location
Unit Letter G : 1805' Feet From The NORTH Line and 1495' Feet From The EAST
Line of Section 24 Township 26 N Range 8 W , NMPM, SAN JUAN Coun

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [ ]: NONE	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]: GAS CO. of NEW MEXICO	Address (Give address to which approved copy of this form is to be sent): BOX 1899, BLOOMFIELD, NEW MEXICO 87413

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	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)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Re
		X						

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
12-20-82	~~1-7-83~~ 12-29-82	2950	2900

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
6964 GR	BALLARD PICTURE CLIFF	2837	NONE

Perforations	Depth Casing Shoe
2837, 39, 42, 44, 46, 48, 50, 52, 54, 60, 62, 64, 68, 2870, 72, 76, 80, 84, 88	2933

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
9 7/8	7 5/8	125	80 sks
6 1/4	2 7/8	2933	470 sks

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
~~1-7-83~~ 1296	3 hrs.	162	--
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
1 pt	NONE	443	3/4

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 above is true and complete to the best of my knowledge and belief.

Veryl F. Moore
(Signature)

OWNER
(Title)

1-11-83
(Date)

OIL CONSERVATION DIVISION

APPROVED 1-25-83, 19 JAN 25 1983

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 deepe well, this form must be accompanied by a tabulation of the devia tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for al able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of ow well name or number, or transporter, or other such change of condi

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