

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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| LAND OFFICE            |                              |
| TRANSPORTER            | <input type="checkbox"/> OIL |
| OPERATOR               | <input type="checkbox"/> GAS |
| PRODUCTION OFFICE      |                              |

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, NEW MEXICO 87499  
Reason(s) for filing (Check proper box)  
☐ New Well ☐ Change in Transporter of:  
☐ Recombination ☐ Oil ☒ Dry Gas  
☐ Change in Ownership ☐ Casinghead Gas ☐ Condensate  
Other (Please explain)  
OCT 21 1985  
OIL CON. DIV.  
DIST. 3

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

|  |                 |  |  |           |
|--|-----------------|--|--|-----------|
| Lease Name<br>ROURKE   | Well No.<br>1-E | Pool Name, including Formation<br>WILDCAT GALLUP | Kind of Lease<br>State, Federal or Fee Federal | Lease No. |
| Location<br>Unit Letter D : 1000 Feet From The North Line and 1000 Feet From The West<br>Line of Section 4 Township 30N Range 13W, NMPM, San Juan County |                 |  |  |           |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |  |
|---|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/><br>GIANT REFINING CO.              | Address (Give address to which approved copy of this form is to be sent)<br>P.O. BOX 256, FARMINGTON, NM 87499         |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/><br>EL PASO NATURAL GAS CO. | Address (Give address to which approved copy of this form is to be sent)<br>P.O. BOX 990, FARMINGTON, NEW MEXICO 87499 |
| If well produces oil or liquids,<br>give location of tanks.   | Unit Sec. Twp. Rge. Is gas actually connected? when<br>D 4 30N 13W No  |

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.

Kay S. Eckstein

(Signature)

PRODUCTION & DRILLING TECHNICIAN

(Title)

OCTOBER 15, 1985

(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 21 1985  
BY Frank J. Davis  
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.

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ENERGY AND MINERALS DEPARTMENT

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| LAND OFFICE            |  |
| TRANSPORTER            | <input type="checkbox"/> OIL<br><input type="checkbox"/> GAS |
| OPERATOR               |  |
| REGISTRATION OFFICE    |  |

OIL CONSERVATION DIVISION  
P. O. BOX 2038  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 08-01-83  
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REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|  |   |
|--|---|
| Name<br>CONSOLIDATED OIL & GAS, INC.   |   |
| Address<br>P.O. BOX 2038, FARMINGTON, NEW MEXICO 87499   |   |
| Reason(s) for filing (Check proper box)  | Other (Please explain)  |
| <input type="checkbox"/> New Well<br><input type="checkbox"/> Recompletion<br><input type="checkbox"/> Change in Ownership | <input type="checkbox"/> Change in Transporter of:<br><input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas<br><input type="checkbox"/> Coastinghead Gas <input type="checkbox"/> Condensate |
| Change of ownership give name and address of previous owner  |   |

RECEIVED  
OCT 21 1985  
OIL CONSERVATION DIV.  
DIST. 3

|  |                 |  |  |
|--|-----------------|--|--|
| DESCRIPTION OF WELL AND LEASE  |                 |  |  |
| Well Name<br>ROURKE  | Well No.<br>1-E | Pool Name, including Formation<br>BASIN DAKOTA | Kind of Lease<br>State, Federal or Fee Federal |
| Location<br>Unit Letter D : 1000 Feet From The North Line and 1000 Feet From The West<br>Line of Section 4 Township 30N Range 13W N.M.P.M. San Juan County |                 |  |  |

|  |  |           |                               |
|--|--|-----------|-------------------------------|
| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  |  |           |                               |
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>           | Address (Give address to which approved copy of this form is to be sent) |           |                               |
| Giant Refining Co.   | P.O. Box 256, Farmington, NM 87499                                       |           |                               |
| Name of Authorized Transporter of Coastinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |           |                               |
| El Paso Natural Gas Co.  | P.O. Box 990, Farmington, NM 87499                                       |           |                               |
| Well produces oil or liquids,<br>or location of tanks.   | Unit<br>D  | Sec.<br>4 | Top.<br>30N                   |
|  |  |           | Rge.<br>13W                   |
|  |  |           | Is gas actually connected? No |
|  |  |           | When                          |

If his 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.

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.

Kay S. Eckstein  
(Signature)  
Production & Drilling Technician  
(Title)  
October 15, 1985  
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 21 1985  
BY Frank J. Davis  
TITLE SUPERVISOR DISTRICT 3

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