

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form C-104  
Revised 10-01-78  
Format 08-01-83  
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)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recombination	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name CLAYTON	Well No. 2A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State Federal or Fee <del>State Federal or Fee</del>	Lease No.
Location Unit Letter <u>P</u> : <u>790</u> Feet From The <u>south</u> Line and <u>945</u> Feet From The <u>east</u> Line of Section <u>2</u> Township <u>30N</u> Range <u>12W</u> , NMPM, <u>San Juan</u> 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"/> Giant Refining	Address (Give address to which approved copy of this form is to be sent) P.O. Box 256, Farmington, N.M. 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, Farmington, N.M. 87499
If well produces oil or liquids, give location of tanks. Unit <u>P</u> Sec. <u>2</u> Twp. <u>30N</u> Rge. <u>12W</u>	Is gas actually connected? <u>No</u> When _____

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 C. Lee  
(Signature)  
Production & Drilling Technician  
(Title)  
6-27-84  
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 29 1984, 19\_\_\_\_\_  
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 Resrv.	Diff. Resrv.
			X	X					
Date Spudded 5-13-84	Date Compl. Ready to Prod. 5-26-84	Total Depth 4750'				P.B.T.D. 4711'			
Elevations (DF, RKB, RT, GR, etc.) 5728'KB, 5715'GR	Name of Producing Formation Mesa Verde	Top Oil/Gas Pay 4390'				Tubing Depth 4657'			
Perforations 43 <del>35</del> to 4650'						Depth Casing Shoe 4750'			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8"		260'		300 cu ft				
7-7/8"	4-1/2"		4750'		1937 cu ft				
-	1-1/2" tbg		4657'		-				

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lead 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 Test: 6-18-84

Actual Prod. Test-MCF/D 3366	Length of Test 3 hours	Bbls. Condensate/MCF trace	Gravity of Condensate NA
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-In) 833 psig	Casing Pressure (Shut-In) 1021 psig	Choke Size 2 x 6 x 3/4"