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LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	/
OPERATOR		
PRODUCTION OFFICE		

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-111
Effective 1-1-65

Operator Consolidated Oil & Gas, Inc.	
Address 1860 Lincoln Street, Lincoln Tower Building, Denver, Colorado 80295	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Tafoya	Well No. 1-A	Formation Mesaverde	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter F "G"	1980	Feet From The North	Line and 1850	Feet From The West
Line of Section 35	Township 32 North	Range 13 West	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"/>	Address (Give address to which approved copy of this form is to be sent)					
Inland Corporation	P. O. Box 1528, Farmington, New Mexico 87401					
Name of Authorized Transporter of Casinghead 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 Company	P. O. Box 1492, El Paso, Texas 79978					
If well produces oil or liquids, give location of tanks.	Unit "G"	Sec. 35	Twp. 32N	Rge. 13W	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 7-12-78	Date Compl. Ready to Prod. 7-19-78	Total Depth 4975'	P.B.T.D. 4942'					
Elevations (DF, RKB, RT, GR, etc.) 5987' GL	Name of Producing Formation Mesaverde	Top Oil/Gas Pay 4666'	Tubing Depth 4645'					
Perforations 4666'-4902'	Depth Casing Shoe 4975'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			SACKS CEMENT			
12-1/4"	8-5/8"	264' KB			200 sx C1 "B"			
7-7/8"	4-1/2"	4975' KB			130 sx 65-35 poz & 415			
					sx 50-50 poz			
	1-1/2"	4645' KB						

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 AOF-2934, CV-1725	Length of Test 3 hrs	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) 1 pt back pressure	Tubing Pressure (shut-in) 915 psig	Casing Pressure (shut-in) 930 psig	Choke Size 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.

D. T. Stogner, Jr.
D. T. Stogner, Jr. (Signature)
Vice Pres. Operations, Gulf Coast-West Tex. Div.
(Title)
August 23, 1978
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG, 19
BY Original Sign. of [Signature]
TITLE DEPUTY OIL

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.