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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION 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-110
Effective 1-1-65

Operator Consolidated Oil & Gas, Inc.	
Address 1860 Lincoln Street, Denver, Colorado 80203	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	New discovery zone, San Andres in Midway Abo Field
Recompletion <input checked="" type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.	

If change of ownership give name and address of previous owner

R-3996

II. DESCRIPTION OF WELL AND LEASE

Lease Name Shipp	Well No. 2	Pool Name, Including Formation Midway Abo Field, San Andres	Kind of Lease State, Federal or Fee Fee
Location Discovery			
Unit Letter I	1980	Feet From The south	Line and 660
Line of Section 17		Township 17S	Range 37E
		NMPM, Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, Texas 70701	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> No connection	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 17
	Twp. 17S	Rge. 37E
	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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
workover	X					X		X
Date Spore 4/29/70	Date Compl. Ready to Prod. 5/2/70	Total Depth 9,200' KB	P.B.T.D. 5,160' KB					
Pool Midway Abo	Name of Producing Formation San Andres	Top Oil/Gas Pay 4,985'	Tubing Depth 5,097'					
Perforations 5,028-30', 5,034-40', 5,050-59'		Depth Casing Shoe 9,122'						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
15"	12-3/4"	300		225				
11"	8-5/8"	3,579		200				
7-7/8"	5-1/2"	9,122		700				
	2-7/8"	5,097						

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of lost 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 5/1/70	Date of Test 5/2/70	Producing Method (Flow, pump, gas lift, etc.) Swab and flow Pump	
Length of Test 24 hrs.	Tubing Pressure SI 240 psig	Casing Pressure 0	Choke Size None
Actual Prod. During Test 91.45 BO	Oil-Bbls. 91.45 52 (156 BOPD)	Water-Bbls. Trace	Gas-MCF No test

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

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.

Wayne Rogers
(Signature)
Mgr., Crude Oil Sales
(Title)

May 6, 1970

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE SUPERVISOR DISTRICT

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 Sections I, II, III, and VI only 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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MAY 19 1970

OIL CONSERVATION COMM.
HOBBS, N. M.

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MAY 11 1970

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HOBBS, N. M.