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U.S.G.S.
LAND OFFICE
TRANSPORTER <input type="checkbox"/> OIL
<input type="checkbox"/> 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-110
Effective 1-1-65

Consolidated Oil & Gas, Inc.

4150 East Mexico Avenue, Denver 22, Colorado

Reason(s) for filing (Check proper box)

New Well ☐

Change in Transporter of:

Ownership ☐

Oil ☐

Dry Gas ☐

Transporters ☐

Casinghead Gas ☐

Condensate ☐

Change in Pool Designation

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Midway State	Well No. 1-4	Pool Name, Including Formation Midway Abo	Kind of Lease State, Federal or Fee State
Location Unit Letter <u>P</u> <u>330</u> Feet From The <u>East</u> Line and <u>330</u> Feet From The <u>South</u> Line of Section <u>8</u> , Township <u>17S</u> Range <u>37E</u> , NMPM, <u>Lea</u> 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 Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, Texas	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Skelly Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1650, Tulsa 2, Oklahoma	
If well produces oil or liquids, give production of tanks. Unit <u>P</u> Sec. <u>8</u> Twp. <u>17S</u> Rge. <u>37E</u>	Is gas actually corrected? Yes	When Dec. 16, 1964

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 type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen. <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Compl. Ready to Prod.	Total Depth		F.B.T.D.					
Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
Depth Casing Shoe								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)

Length of Test	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Flow During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Flow Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Producing 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.

APPROVED

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BY

TITLE

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.

March 16, 1965

(Date)

Production Manager

(Title)

(Signature)