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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

Consolidated Oil & Gas, Inc.

4150 East Mexico Avenue, Denver 22, Colorado

Reason for filing (Check proper box)

New Well ☒ Change in Transporter of:
Casinghead Gas ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
Shipp "A"	2	Midway Abo	State, Federal or Fee
Location			Fee
Unit Letter	C	2310	Feet From The West
			Line and 660
			Feet From The North
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"/>	Address (Give address to which approved copy of this form is to be sent)					
Texas New Mexico Pipeline Company	P.O. Box 1510, Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Skelly Oil Company	P. O. Box 1650, Tulsa, Oklahoma					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	17	17S	37E	Yes	5/3/65

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 Rest'v.	Diff. Rest'v.
	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
4/4/65	5/2/65	9025'KB	8977'KB					
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Midway Abo	Abo	8836'	8799'					
Perforations			Depth Casing Shoe					
8836', 8841', 8854', 8868', 8879' & 8887'			9022'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	12-3/4"	293	350					
11	8-5/8"	4392	300					
	5-1/2" liner	4335-9022	500					
	2-7/8" tubing	8799						

V. TEST DATA AND REQUEST FOR ALLOWABLE (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.)	
5/2/65	5/3/65	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	135 psig	0 (Packer)	20/64"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
287.28	282.97	4.31	198

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.

OIL CONSERVATION COMMISSION

APPROVED _____, 19

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 1111.

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.

Production Manager

May 4, 1965

(Date)

* Mailed 4/30/65