REDUEST FOR ALLOWABLE  AND  OFFRATOR  AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
CONSOLIDATED O	IL & GAS, I	NC.				
Address			7/.01	·		٧
Reason(s) for filing (Check proper bo		, NEW MEXICO 8	Other (Pleus	se explain)		
New Well	Change (	n Transporter of:				
Recompletion	Oil Casinghe	Dry Go	is I			
If change of ownership give name	Cosman	da das conte.	(#) ]			
DESCRIPTION OF WELL AND		Translation E		Tradation	TTO A DA CUE	l ease No.
JICARILLA "B" 1- BASIN DAKOTA			Kind of Lease JIC. APACHE Lease No.  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
i .	O Feet Fro	om The N Lin	• and1800	Feet From 7	The <u>E</u>	
Line of Section 26 T	ownship 261	Range 4	W , NMPI	м, RIO ARRI	[BA	County
DESIGNATION OF TRANSPOR	RTER OF OIL	. AND NATURAL GA	.S			
None of Authorized Transporter 61 O	P.O. BOX 256, FARMINGTON, NEW MEXICO 87401					
Rane of Authorized Transporter of Casinghead Gas or Dry Gas X			Address (Give address to which approved copy of this form is to be sent)			
GAS COMPANY OF NEW MEXICO			P.O. BOX 1899, BLOOMFIELD, NEW MEXICO 87413			
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When Yes					
If this production is commingled w						
Designate Type of Complet		Oil Well Gas Well	New Well Workover	Deepen	Plug Back   Same Re	s'v. Diff. Res'v.
Date Spudded		Ready to Prod.	Total Depth		P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Prod	ucing Formation	Top Oil/Gas Pay		Tubing Depth	
Perforations					Depth Casing Shoe	
		TUBING, CASING, AND	CEMENTING RECO	RD		
HOLE SIZE	1	& TUBING SIZE	DEPTH S		SACKS CE	MENT
·						
	·					
TEST DATA AND REQUEST I OIL WELL Date First New Oil Run To Tanks	FOR ALLOWA		fter recovery of total vol pth or be for full 24 hour Producing Mothod (Flo	r <b>z)</b>		exceed top allow-
Dote r irst New Oil Aun 10 10112						
Length of Test	Tubing Press	u•	Cosing Pressure		Cheke Size	
Actual Prod. During Test	OII-Bble.		Water - Bbla.		Going MCF	
				() (%)		
Actual Prod. Test-MCF/D	Length of Te	st	Bble. Condensor	10 C	Gravity of Condensat	•
Testing kiethod (pitot, back pr.)	Tubing Press	w. (Shut-in)	Cosing Pressure Shu	" W COLST	Chare Sixe	
CERTIFICATE OF COMPLIANCE			OIL 0	DNEEDUN	ION DIVISION	
I hereby certify that the rules and	regulations of	the Oll Conservation	APPROVED			, 19
Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.			BY Original Signed by Charles and SON  DEPUTY OF LIFE FOR MET.			
			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					
- A live to	well, this form wast be accompanied by a tabulation of the deviation tects taken on the well in accordance with RULE 111.					
DRILLING & PRODUC	All sections of this form must be filled out completely for allowable on new and recompleted walls.					
6-10-82	Fill out of it	ice esperies of Signal 1, 11 Spertish per	I III, and VI for the	inger of concer		
(1)	Do <b>re)</b>		Carried to	· · · · 16 · · · · · · ·	t be filed for such	pool and the first