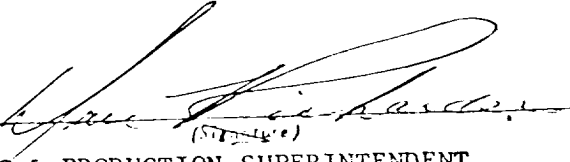


OIL CONSERVATION DIVISION P. O. BOX 2038 SANTA FE, NEW MEXICO 87501		FORM 1004 Revised 10-1-76	
REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
Operator CONSOLIDATED OIL & GAS, INC.			
Address P.O. BOX 2038, FARMINGTON, NEW MEXICO 87401			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input checked="" type="checkbox"/>	
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND LEASE			
Lease Name CANDADO	Well No. 1-0	Pool Name, including Formation BASIN DAKOTA	Kind of Lease XXXX Federal XXXX
Lease No. 82-079160			
Location			
Unit Letter M	920	Feet From The S	Line and 1150
Line of Section 15		Township 26N	Range 7W
, NMPM, SAN JUAN Rio Arriba County			
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)		
GIANT REFINERY	P.O. BOX 256, 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)		
GAS COMPANY OF NEW MEXICO	P.O. BOX 398, BLOOMFIELD, NEW MEXICO 87413		
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 15	Twp. 26N
		Rge. 7W	Is gas actually connected? When
			Yes
If this production is commingled with that from any other lease or pool, give commingling order number:			
COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well
			Workover
			Deepen
			Plug Back
			Same Res'v.
			Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
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	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED Original Signed by CHARLES CRULSON	
BY  DRILLING & PRODUCTION SUPERINTENDENT		BY TITLE	
6-8-82		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 re-completed wells. Fill out only Sections 1, 2, 11, and 12 for extension of lease with name of operator, term, acreage, etc. to be filled out in Section 12.	