

LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

**REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

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: <input type="checkbox"/>		
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 TRIBAL "C"	Well No. 4-	Pool Name, including Formation TAPACITO PICTURED CLIFFS	Kind of Lease Jic. Apache Indian 09-000097	Lease No. 000097
Location Unit Letter P ; 1190 Feet From The S Line and 820 Feet From The E				
Line of Section 6 Township 26N Range 3W , NMPM, 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)
NORTHWEST PIPELINE CORPORATION	3539 E. 30TH ST., FARMINGTON, NEW MEXICO 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	P 6 26N 3W 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	Worcover	Deepen	Plug Back	Some Res'v.	Diff. Res
(X)								
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

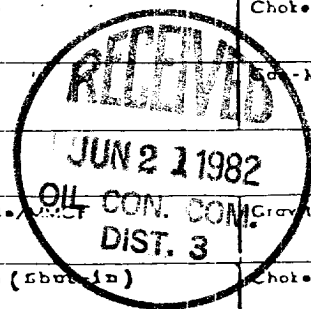
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET.	SACKS CEMENT

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 oil able 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	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size



CERTIFICATE OF COMPLIANCE

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.

Charles Gholson
Operator

OIL CONSERVATION DIVISION

APPROVED _____, 19____
Original Signed by **CHARLES GHOLSON**

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 deep well, this form must be accompanied by a tabulation of the density tests taken on the well in accordance with Rule 1104. All sections of this form must be filed with the Oil Conservation Division.