

| | |
|-------------------|-----|
| LAND OFFICE | |
| TRANSPORTER | Oil |
| OPERATION | Gas |
| PRODUCTION OFFICE | |
| SPILLAGE | |

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: | |
| Recompletion | <input type="checkbox"/> | Oil | <input type="checkbox"/> |
| Change in Ownership | <input type="checkbox"/> | Casinghead Gas | <input type="checkbox"/> |
| | | Dry Gas | <input type="checkbox"/> |
| | | Condensate | <input checked="" type="checkbox"/> |

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

| | | | | | | | | | |
|------------|------|----------|-----|--------------------------------|-------------------|---------------|-----------------------|-----------|-----------|
| Lease Name | HOYT | Well No. | 2-1 | Pool Name, Including Formation | 85 Mesa GALLUP | Kind of Lease | Jic. Apache Indian | Lease No. | 09-000119 |
|------------|------|----------|-----|--------------------------------|-------------------|---------------|-----------------------|-----------|-----------|

| | | | | | | | | | |
|----------|-----------------|---|----------|---------------|-------|----------|------------------|---------------|---|
| Location | Unit Letter | L | 1968 | Feet From The | S | Line and | 1286 | Feet From The | W |
| | Line of Section | 5 | Township | 26N | Range | 4W | 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 |
| | L | 5 | 26N | 4W | 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't. | Diff. Res't. |
| | | | | | | | | |
| 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 |
| | | |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. |
| | | |

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

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
DRILLER

OIL CONSERVATION DIVISION

APPROVED JUN 21 1982

Original Signed by CHARLES GHOLSON

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 test
data taken on the well in accordance with RULE 1104.