

FILE	
DATE	
LAND OFFICE	
TRANSPORTER	
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)

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

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name HUERFANO	Well No. 1- 2	Pool Name, including Formation BASIN DAKOTA	Kind of Lease XXXX Federal XXXX	Lease No. 29-095596
Location Unit Letter A 1190 Feet From The N Line and 990 Feet From The E Line of Section 30 Township 25N Range 9W, NMPM, SAN JUAN County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> GIANT REFINERY	Address (Give address to which approved copy of this form is to be sent) 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"/> GAS COMPANY OF NEW MEXICO	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 398, BLOOMFIELD, NEW MEXICO 87413
If well produces oil or liquids, give location of tanks.	Unit A Sec. 30 Twp. 25N Rge. 9W Is gas actually connected? Yes When

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

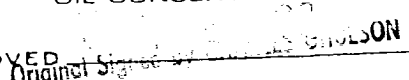
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate - MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-in)	Choke Size

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.


J. L. LINDER
Producing & Production Supt.

OIL CONSERVATION DIVISION

APPROVED  JUN 21 1982
Original Sign. of J. L. LINDER
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 calculation of the deviate tests taken in the well in accordance with RULE 1104.

All wells must be filled out completely for allowable.