

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-1-1
Supersedes Old O-1-1
Effective 1-1-65

I.

Operator CONSOLIDATED OIL & GAS, INC.	
Address 1860 Lincoln Street, Lincoln Tower Bldg., Denver, Colorado 80203	
Reason(s) for filing (Check proper box)	
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☒ Casinghead Gas ☐ Condensate ☐
Recompletion ☐	
Change in Ownership ☐	Other (Please explain) <i>firm 1-1-74</i>

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Champlin	Well No. 2	Pool Name, Including Formation Blanco Mesaverde	Kind of Lease State ☒ Federal ☐ Fee
Location			
Unit Letter J	1800 Feet From The	S Line and 1620 Feet From The	E
Line of Section 35 , Township 27 , Range 4 , NMPM, Rio Arriba County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)	
Northwest Pipeline Corporation	501 Airport Drive Farmington, New Mexico 87401	
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 35
	Twp. 27	Rge. 4
	Is gas actually connected? Yes	
	When 7-11-63	

If this production is commingled with that from any other lease or pool, give commingling order number:

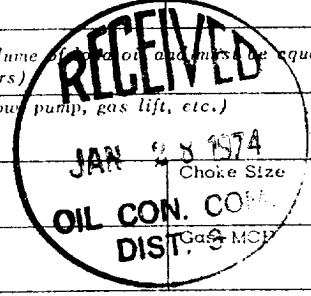
IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Pool	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		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL.

(Test must be after recovery of total volume of oil or gas 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/L2MCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Geraldine Bergame
Asst. Production Acct.
Jan 24, 1974

OIL CONSERVATION COMMISSION
APPROVED **FEB 7 1974**, 19
BY **Original Signed by Emery C. Arno**
TITLE **SUPERVISOR DIST. #3**

This form is to be filed in compliance with RULE 1164.
If this is a request for allowable for a newly drilled or reworked well, this form must be accompanied by a tabulation of the test data taken on the well in accordance with Rule 1111.
All sections of this form must be filled out completely for all wells on which an allowable is requested.