

Oil Conservation Division
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

CONSOLIDATED OIL & GAS, INC.

P.O. BOX 2038, FARMINGTON, NEW MEXICO 87401

Reason(s) for filing (Check proper box)

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

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name: CHAMPLIN Well No.: 5- Pool Name, including Formation: BLANCO MESA VERDE Kind of Lease: XXX, Federal XXXX Lease No.: 82-079527A

Location

Unit Letter: K ; 1650 Feet From The S Line and 1850 Feet From The W

Line of Section: 25 Township: 27N Range: 4W, NMPM, RIO ARRIBA County

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) GIANT REFINERY P.O. BOX 256, FARMINGTON, NEW MEXICO 87401

Name of Authorized Transporter of Castinghead Gas ☐ or Dry Gas ☒ 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: K Sec: 25 Twp: 27N Rge: 4W 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)

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

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.

Signature: [Signature] (Signature)

DRILLING & PRODUCTION SUPERINTENDENT (Title)

6-8-82 (Date)

OIL CONSERVATION DIVISION

APPROVED JUN 21 1982

Original Signed by CHARLES GHOLSON

BY

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3

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 deviate 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 recompleted wells.

Fill out only Sections I, II, III, and VI for a case of casing well, name or number, or transportation of oil or gas.

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