

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name NCRA	Well No. 1-E	Pool Name, Including Formation BLANCO MESA VERDE	Kind of Lease State, Federal or Fee	Lease No. SF079107
Location Unit Letter G ; 1550 Feet From The N Line and 1850 Feet From The E Line of Section 22 Township 20N Range 7W , NMPM, RIO ARRIBA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> INLAND	Address (Give address to which approved copy of this form is to be sent) 5101 E. MAIN FARMINGTON, NEW MEXICO			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> GAS COMPANY OF NEW MEXICO	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1899 BLOOMFIELD, NEW MEXICO			
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 22	Twp. 20	Rge. 7
Is gas actually connected?		When		

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'tv.	Diff. Res'tv.
		X	X					
Date Spudded 10-6-79	Date Compl. Ready to Prod. 11-22-79		Total Depth 7541'		P.B.T.D. 7513'			
Elevations (DF, RKB, RT, GR, etc.) 6928' GR	Name of Producing Formation Mesa Verde		Top Oil/Gas Pay 5307'		Tubing Depth 6453'			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4	8-5/8 csg.		370'		300 sx			
7-7/8	5-1/2 csg.		7500'		630 sx			
	1-1/2 tbg.		6453'					
	1-1/4 tbg.		5382'					

V. 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	Choke Size	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D T.S.T.M.	Length of Test 3 HRS.	Bbls. Condensate/MMCF T.S.T.M.	Gravity of Condensate
Testing Method (Flow, back pr.) 1 PT. BACK PRESSURE	Tubing Pressure (Shut-in) 1200	Casing Pressure (Shut-in) 1235	Choke Size 3/4

VI. 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.

Veryl Moore
(Signature)

PROD. SUPT.

(Title)

7-25, 1980

(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 24 1980, 19
BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT 3

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 deviation 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 changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply commingled wells.