

NAME	
ADDRESS	
CITY	
STATE	
ZIP	
DATE	
TIME	
BY	
AND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
REGISTRATION OFFICE	
DATE	

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)

Change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name SOUTHERN UNION	Well No. 2-19	Pool Name, including Formation BASIN DAKOTA	Kind of Lease XXXX Federal XXXX	Lease No. 82-078243
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Location  
Unit Letter A ; 800 Feet From The N Line and 990 Feet From The E  
Line of Section 19 Township 31N Range 12W , 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"/> SOUTHERN UNION GATHERING	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1899, BLOOMFIELD, NEW MEXICO 87413
Well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. A 19 31N 12W
Is gas actually connected?	When Yes

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.					
Deviations (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	Gate Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	

AS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)

CERTIFICATE OF COMPLIANCE

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.

  
DRILLING & PRODUCTION SUPT.  
(Title)

6-10-82

OIL CONSERVATION DIVISION  
APPROVED JUN 21 1982  
BY Original Signed by CHARLES GHOLSON  
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 recompleted well, this form must be accompanied by a tabulation of the completion tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for the well to be eligible for the allowable.  
This form is to be filed in the Oil Conservation Division, New Mexico, within 10 days of the date of completion of the well.