

FILE NO.	
DEPT.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	

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)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>		
If change of ownership give name and address of previous owner _____			

DESCRIPTION OF WELL AND LEASE				
Lease Name <b>STARR</b>	Well No. <b>1-1185</b>	Pool Name, including Formation <b>BASIN DAKOTA</b>	Kind of Lease <b>XXX, Federal XXXX</b>	Lease No. <b>82-078707</b>
Location Unit Letter <b>N</b> : <b>1185</b> Feet From The <b>S</b> Line and <b>1495</b> Feet From The <b>W</b> Line of Section <b>13</b> Township <b>31N</b> Range <b>13W</b> , NMPM, <b>SAN JUAN</b> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <b>GIANT REFINERY</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. BOX 256, FARMINGTON, NEW MEXICO 87401</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>SOUTHERN UNION GATHERING</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. BOX 1899, BLOOMFIELD, NEW MEXICO 87413</b>
Well produces oil or liquids, give location of tanks. Unit <b>N</b> Sec. <b>13</b> Twp. <b>31N</b> Rge. <b>13W</b>	Is gas actually connected? <b>Yes</b> When _____

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

COMPLETION DATA									
Designate Type of Completion - (X)									
<input type="checkbox"/> Spudded	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> 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			

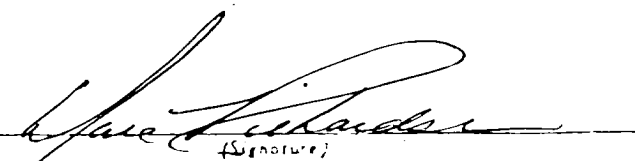
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE L 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)			
First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pumpjack, lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Total Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

S WELL			
Total Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	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 is true and complete to the best of my knowledge and belief.

  
(Signature)  
DRILLING & PRODUCTION SUPT.  
(Title)

6-10-82

OIL CONSERVATION DIVISION	
APPROVED <b>JUN 21 1982</b> , 19	
BY <b>Deputy Oil &amp; Gas Inspector</b>	
TITLE <b>DEPUTY OIL &amp; GAS INSPECTOR DIST. 10</b>	
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.	
Address to which this form is to be filed (see instructions for allowable forms on page 1 of this booklet).	

