

REGISTRATION OFFICE	
DATE	
TIME	

**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) <input type="checkbox"/> New Well <input type="checkbox"/> Completion <input type="checkbox"/> Change in Ownership	Other (Please explain)
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>	

Change of ownership give name and address of previous owner \_\_\_\_\_

**DESCRIPTION OF WELL AND LEASE**

Well Name <b>RIPLEY</b>	Well No. <b>2-A</b>	Pool Name, Including Formation <b>BLANCO MESA VERDE</b>	Kind of Lease <b>XXXXXXXXXXXX</b>	Lease No. <b>---</b>
Location Joint Letter <b>P</b> ; <b>790</b> Feet From The <b>S</b> Line and <b>790</b> Feet From The <b>E</b> Line of Section <b>26</b> Township <b>32N</b> Range <b>13W</b> , NMPM, <b>SAN JUAN</b> County				

**SIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <b>PLANT 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, Location of tanks.	Unit <b>P</b> Sec. <b>26</b> Twp. <b>32N</b> Rge. <b>13W</b> Is gas actually connected? <b>Yes</b> When _____

If 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"/> 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.
Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Conditions (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Conditions							Depth Casing Shoe	

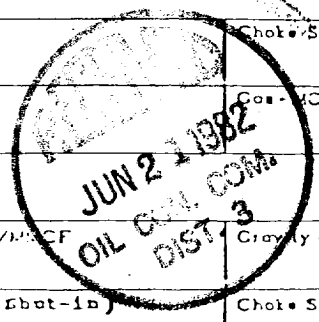
**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

**TEST DATA AND REQUEST FOR ALLOWABLE 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, pump, gas lift, etc.)	
Depth of Test	Tubing Pressure	Casing Pressure	Choke Size
Oil Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
Oil Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-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]*

**OIL CONSERVATION DIVISION**

APPROVED JUN 21 1982 19

BY Original signed by [Signature]

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 existing tests relative to this well in accordance with RULE 111.