

OIL CONSERVATION DIVISION

P. O. BOX 20600

SANTA FE, NEW MEXICO 87501

U.S. DISTRICT COURTS		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.U.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
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:	
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.

DESCRIPTION OF WELL AND LEASE.					Lease No.
Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease		Lease No.
McIntyre	1	Blanco Mesa Verde	XXX , Federal XXX Indian	09-000101	
Location					
Unit Letter	F	: 1730	Feet From The	N	Line and 1450
			Feet From The	W	
Line of Section	11	Township	26N	Range	4W, NMPM, Rio Arriba
					Count

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>		Giant Refinery			P.O. Box 256, Farmington, N.M. 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>		Gas Company of New Mexico			P.O. Box 1899, Bloomfield, N.M. 87413	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	11	26N	4W	Yes	

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

COMPLETION DATA

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
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

[illegible]

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 oil
able for this depth or be for full 24 hours)

OIL WELL		Date for this Report	
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

GAS WELL		Bbls. Condensate/MMCF	Oil Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Coating Pressure (Shut-in)	Whole Size

I. 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.

OIL CONSERVATION DIVISION

JUN 21 1982

APPROVED

BY_

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowance for a newly drilled or deep well, this form must be accompanied by a tabulation of the deviatoric tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for a table on new and recompleted wells.

III, but only Sections I, II, III, and VI for changes of ex-
well name of the river, and of the river, each change of ex-

Production & Drilling Superintendent
(Title)

June 8, 1992