

APPLICANT	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
REGISTRATION OFFICE	

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:		
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"/>	

Change of ownership give name  
and address of previous owner:

DESCRIPTION OF WELL AND LEASE

Lease Name TRIBAL "C"	Well No. 9-A	Pool Name, including Formation WILD HORSE GALLUP	Kind of Lease <del>XXXXXX</del> Jic. Apache <del>XXXXXX</del> Indian	Lease No. 09-000097
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Location

Unit Letter 0 : 1190 Feet From The S Line and 1850 Feet From The E

Line of Section 7 Township 26N Range 3W , NMPM, RIO ARRIBA 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"/> NORTHWEST PIPELINE CORPORATION	Address (Give address to which approved copy of this form is to be sent) 3539 E. 30TH STREET, FARMINGTON, NEW MEXICO 87401
Does well produce oil or liquids, give location of tanks.	Unit <u>0</u> Sec. <u>7</u> Twp. <u>26N</u> Rge. <u>3W</u>
Is gas actually connected?	When
Yes	

If 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	Some Rest'v.	Diff. Rest'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)

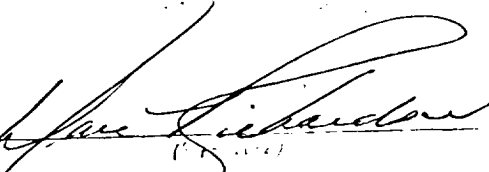
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensed	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 above is true and complete to the best of my knowledge and belief.

  
DRILLING & PRODUCTION

OIL CONSERVATION DIVISION

APPROVED JUN 21 1982, 19  
Original Signed by CHARLES GHOLSON  
BY  
TITLE ASST. DIR., 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 reworked well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with RULE 111.  
All test data must be filed not later than 15 days after completion of the test.