

Oil Conservation Division  
SANTA FE COUNTY, NEW MEXICO 87501

Revised 10-1-78

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)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name CON-HALE	Well No. 2	Pool Name, including Formation BASIN DAKOTA	Kind of Lease XXX, Federal or XXX	Lease No. 82-078384
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Location  
Unit Letter C : 990 Feet From The N Line and 1650 Feet From The W  
Line of Section 15 Township 26N Range 8W, 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"/> GAS COMPANY OF NEW MEXICO	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1399, BLOOMFIELD, NEW MEXICO 87413

If well produces oil or liquids, give location of tanks.	Unit C	Sec. 15	Twp. 26N	Rge. 8W	Is gas actually connected? Yes	When
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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	Same Res'v.	Diff. Res'v.
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

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.	Gas-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	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.

Signature: [Signature]  
Title: DRILLING & PRODUCTION SUPERINTENDENT  
Date: 6-8-82

OIL CONSERVATION DIVISION  
JUN 21 1982  
APPROVED  
Original Signed by CHARLES ENCLISON  
BY: [Signature]  
TITLE: [Signature]  
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 deepest tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for the rule to be followed completely.  
This form only authorizes the use of Rule 111 for change of allowable and does not authorize the use of Rule 111 for change of pool.