

LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRODUCTION OFFICE	
COMMISSION	

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"/>	
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <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 WILLIAMS	Well No. 1-4	Pool Name, including Formation basin dakota	Kind of Lease Federal	Lease No. 82-078464
Location				
Unit Letter H	1550 Feet From The N		Line and 790	Feet From The E
Line of Section 24	Township 31N	Range 13W	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"/>	Address (Give address to which approved copy of this form is to be sent)
GIANT REFINERY	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"/>	Address (Give address to which approved copy of this form is to be sent)
EL PASO NATURAL GAS COMPANY	P.O. BOX 990, FARMINGTON, NEW MEXICO 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
H 24 31N 13W	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	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)

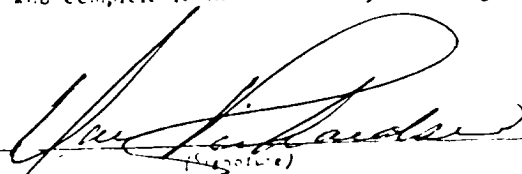
Date First New Oil Run To	Date of Test	Producing Method (Flow, pump, 48" lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

GAS WELL

Actual 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 above is true and complete to the best of my knowledge and belief.


J. L. ANDERSON, SUPERVISOR

OIL CONSERVATION DIVISION

APPROVED JUN 11 1982
BY Original Signed by Charles Anderson
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 test data taken on the well in accordance with Rule 1104.