

TRANSPORTER	OIL	
	GAS	
MAJOR		
OPERATION OFFICE		
FOOT		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

CONSOLIDATED OIL & GAS, INC.

P.O. BOX 2038, FARMINGTON, NEW MEXICO 87401

ion(s) for filing (Check proper box)		Other (Please explain)	
Well <input type="checkbox"/>	Change in Transporter of:		
Completion <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

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
FREEMAN	1-M	BASIN DAKOTA	XXX, Federal XXXX	29-059848
Section <u>C</u> : <u>790</u> Feet From The <u>N</u> Line and <u>1980</u> Feet From The <u>W</u>				
Section <u>11</u>	Township <u>31N</u>	Range <u>13W</u>	, NMPM, SAN JUAN County	

DESCRIPTION OF TRANSPORTER OF OIL AND NATURAL GAS

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)
of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	P.O. BOX 256, FARMINGTON, NEW MEXICO 87401
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)
of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	P.O. BOX 990, FARMINGTON, NEW MEXICO 87410
Does it produce oil or liquids, location of tanks.	Unit <u>C</u> Sec. <u>11</u> Twp. <u>31N</u> Rge. <u>13W</u>
Is gas actually connected?	When
Yes	

If 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 Res'tv.	Diff. Res'tv.
Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Conditions (DF, RKB, RT, GR, 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

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.)
of Test	Tubing Pressure	Casing Pressure
Prod. During Test	Oil - Bbls.	Water - Bbls.
		Gas - MCF

WELL

Prod. Test - MCF/D	Length of Test	Bbls. Condensate - MCF	Gravity of Condensate
Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I 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.



MANAGER & LOCATION SUPERVISOR

OIL CONSERVATION DIVISION

JUN 21 1982

APPROVED _____, 19

BY _____

TITLE _____

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

If this is a request for allow-able for a newly drilled or deepened well, the form must be accompanied by a calculation of the deviation of the well from the well in case of a newly drilled well.