

SANTA FE, NEW MEXICO 87501

## 1.

Operator Consolidated Oil & Gas, Inc.			
Address P.O. Box 2038, Farmington, New Mexico 87401			
Reason(s) for filing (Check proper box)		Other (Please explain) <i>Was #1M</i>	
New Well <input type="checkbox"/>	Change in Transporter of:	Name change due to spacing change Order No. R-6760 (320 acres TO 160 acres-MV only)	
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 type="checkbox"/>		

## II. DESCRIPTION OF WELL AND LEASE

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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

#### IV. COMPLETION DATA

TUBING, CASING, AND CEMENTING RECORD

**V. 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)

## GAS WELL

## VI. CERTIFICATE OF COMPLIANCE

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 deviation tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

Operator  
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) Waive IM  
Name change due to spacing change.  
Order No. R-6760  
(320 acres TO 160 acres-MV only)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Arnstein	Well No. 1E	Pool Name, including Formation Basin Dakota	Kind of Lease <input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/> X	Lease No. SF 078243
Location Unit Letter <u>C</u> : <u>1065</u> Feet From The <u>North</u> Line and <u>1791</u> Feet From The <u>West</u> Line of Section <u>18</u> Township <u>31N</u> Range <u>12W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Inland Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1528, Farmington, N.M. 87401			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Southern Union Gathering Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1899, Bloomfield, N.M. 87413			
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 18	Twp. 31N	Rge. 12W
Is gas actually connected?		When		
Yes		6-30-80		

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

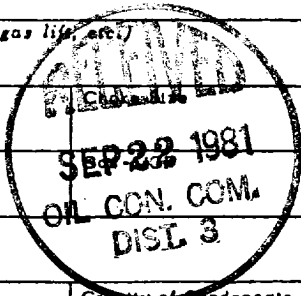
IV. COMPLETION DATA

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		

V. 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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.



GAS WELL

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

VI. 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.

Barbara C. Rex  
(Signature)

Production & Drilling Technician

(Title)

9-17-81

(Date)

OIL CONSERVATION DIVISION

SEP 22 1981

APPROVED

BY Original Signed by CHARLES GHOLSON

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3

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