ENERGY AND MINURALS DEPARTMENT

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DISTRIBUTIO					
SANTATE					
FILF					
U.S.O.B,					
LAND OFFICE					
TRANSPORTER	OIL	l			
	GAS				
OPERATOR					
PROBATION OFFICE					

9-17-81 (Doie)

## OIL CONSERVATION DIVISION P. O. HOX 2088 SANTA FE, NEW MEXICO 87501

	REQUEST FOR ALLOWABLE AND OPERATOR  AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
1.	PROBATION OFFICE  Operator	PRONATION OFFICE				
	Consolidated Oil & Gas, Inc.					
	P.O. Box 2038, Farmington, New Mexico 87401  Recson(s) for filing (Check proper box)  Other (Please explain)					
	New Well	Change in Transporter of:	Name o	change d	ue to spaci:	ng change.
	Recompletion Change in Ownership	Oil Dry Ga Casinghead Gas Conde	;==, l	No. R-6 acres TO	760 160 acres-	MV only)
	If change of ownership give name and address of previous owner	·				
11.	DESCRIPTION OF WELL AND	LEASE				
	Arnstein	Well No. Pool Name, Including F 1E Blanco Mesa	•	Kind of Lease Kinting, Federa		\$F078243
	Unit Letter : :	65 Feet From The North Lin	1791	Feet From	rhe West	
	Line of Section 18 Tow	waship 31N Range 1	2W , NMPN	, San	Juan	County
ıп.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	is		<del>-,,,</del>	
	Nome of Authorized Transporter of Oil Inland Corporatio	on	Address (Give address P.O. Box 1528	3, Farmi	ngton, N.M.	87401
	Name of Authorized Transporter of Cas Southern Union Ga	thering Co.	Address (Give address P.O. Box 1899	9, Bloom	field, N.M.	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	is gas actually connect yes	ed? Whe	6-30-80	
IV.	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,				
	Designate Type of Completion	on - (X) Gas Well	New Well Workover	Deepen '	Plug Back Same R	es'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			1	
	HOLE SIZE	CASING & TUBING SIZE	DEPTHS	ET	SACKS CE	MENT
V.	TEST DATA AND REQUEST FOOL WELL		fter recovery of total volu pth or be for full 24 hours	•)		exceed top allow
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow	v, pump, gas lij	(i, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure		AFTTIVED	<b>\</b>
	Actual Prod. During Test	Oil-Bbla.	Water - Bble.		SEP 22 1981	<u> </u>
		<u> </u>			OIL CON. COM.	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC		Grav DIS Gondeneg	*
-	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Fressure (Shut	-in)	Choke Size	
2.3	CERTIFICATE OF COMPLIANCE	<u>l</u>	OIL C	ONSERVAT	ION DIVISION	
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.			SEP 22 1981			
			Original Signed by CHARLES GHOLSON			
			TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3  This form is to be filed in compliance with RULE 1104.			
Production & Drilling Technician (Title)			All sections of this form must be filled out completely for allow able 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.

ENERGY AND MINERALS DEPAREMENT SANTAPP t.

## OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

ł.	TILE U.S.U.S. LAND OFFICE  TRANSPORTER  OPERATOR  PRORATION OFFICE		OR ALLOWABLE AND SPORT OIL AND NATURAL GAS					
•	Operator							
	Address	P.O. Box 2038, Farmington, New Mexico 87401						
	New Well  Recompletion  Change in Ownership	Change in Transporter of:  Oil Dry C  Casinghead Gas Conde	Name change of Order No. R-	due to spacing change.				
	If change of ownership give name and address of previous owner							
Π.	DESCRIPTION OF WELL AND Leose Name Arnstein	LEASE   Well No.   Pool Name, Including     1E   Basin Dakot	· • • • • • • • • • • • • • • • • • • •	Lease No.    Lease No.   SF 078243				
	Location C 1	065 Feet From The North Li						
•	10	2.1 11	1 214	San Juan				
,,,,			, 1000 (4)	Sall Guall County				
111.	None of Authorized Transporter of Oil Inland Corporation	or Condensate 🔀	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 Car Southern Union Gath	nering Co.	P.O. Box 1899, Blo	proved copy of this form is to be sent) omfield, N.M. 87413				
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. C 18 31N 121	,	When 6-30-80				
ſV.	If this production is commingled with COMPLETION DATA	th that from any other lease or pool,	give commingling order number:	,				
	Designate Type of Completion	on - (X)   Oil Well   Gas Well	New Well Workover Deepen	Plug Back   Same Restv.   Diff. Restv.				
	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	1		Depth Casing Shoe				
		TUBING, CASING, AND CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
v.	TEST DATA AND REQUEST FOOL WELL Date First New Oil Run To Tanks		pter recovery of total volume of load of epth or be for full 24 hours)  Producing Method (Flow, pump, gas	il and must be equal to or exceed top allow-				
	Length of Test	Tubing Pressure	Casing Pressure					
	Actual Prod. During Test	Oil-Bble.	Water - Bbls.	SEP 22 1981 OL CON. COM.				
•	GAS WELL	<u> </u>		DIST 3				
	Actual Prod. Ton1-MCF/D	Length of Test	Bbls. Condensate/MMCF	Grantual Condensate				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size				
VI. CERTIFICATE OF COMPLIANCE			OIL CONSERVA	SEP 22,1981				
1	I hereby certify that the rules and re Division have been complied with above is true and complete to the	and that the information given	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 despensed well, this form must be accompanied by a tabulation of the deviation.					
-	Bailiara (	C. Lex						
_	Production & Dri	illing Technician	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 poul in multiply					
	(Tid 9-17-8 (Da	31						
	•		Separate Forms C-104 mi completed wells.	ing the third lot ancu boot to muttibily				