

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

30-045-23645

I.

NO. OF COPIES RECEIVED	4
DISTRIBUTION	5
SANTA FE	1
TRIP	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	
Operator	

CONSOLIDATED OIL & GAS INC.

Address

P.O. BOX 2038 FARMINGTON, NEW MEXICO 87401

Reason(s) for filing (Check proper box)

New Well ☒
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:
Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name MITCHELL	Well No. 1-E	Pool Name, Including Formation BASIN DAKOTA	Kind of Lease State, Federal or Fee FED	Lease No. SF078707
Location Unit Letter F ; 1758 Feet From The N Line and 1850 Feet From The W Line of Section 5 Township 31N Range 12W , NMPM, SAN JUAN 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	Address (Give address to which approved copy of this form is to be sent) 5101 E. MAIN FARMINGTON, NEW MEXICO				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> EL PASO NAT'L GAS	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 990 FARMINGTON, NEW MEXICO				
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 5	Twp. 31N	Rge. 12W	Is gas actually connected? <input type="checkbox"/> When

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.
			XX					
Date Spudded 1-26-80	Date Compl. Ready to Prod. 4-28-80		Total Depth 7150'		P.B.T.D. 7119'			
Elevations (DF, RKB, RT, GR, etc.) 5978' KB	Name of Producing Formation DAKOTA		Top Oil/Gas Pay 6882'		Tubing Depth 6968'			
Perforations 6882' - 7106'					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4	8-5/8 csg		275		200 sx			
7-7/8	4-1/2 csg		7150		550 sx			
	1-1/2 tbg		6968					

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	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test 3 hrs.	Bbls. Condensate/MMCF 85 MCF	Gravity of Condensate
Testing Method (pilot, back pr.) / pt. pres. test	Tubing Pressure (Shut-in) 860	Casing Pressure (Shut-in) 1160	Choke Size 3/4

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.

Sergil Moore
(Signature)

PROD. SUPT.

5-12-80

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19 _____

BY Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT #3

TITLE _____

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 filled for each pool in multiply completed wells.