

FILE	
OFFICE	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <b>CONSOLIDATED OIL &amp; GAS, INC.</b>	
Address <b>P.O. BOX 2038, FARMINGTON, NEW MEXICO 87401</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
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 checked="" type="checkbox"/>

If change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE				
Lease Name <b>DUKE</b>	Well No. <b>1-M</b>	Pool Name, including Formation <b>BLANCO MESA VERDE</b>	Kind of Lease <b>State, Federal, XXX</b>	Lease No. <b>82-078707</b>
Location				
Unit Letter <b>I</b>	<b>1640</b>	Feet From The <b>fs1</b>	Line and <b>790</b>	Feet From The <b>To East</b>
Line of Section <b>13</b>	Township <b>31N</b>	Range <b>13W</b>	, NMPM, <b>SAN JUAN</b> 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)		
<b>GIANT REFINERY</b>		<b>P.O. BOX 256, FARMINGTON, NEW MEXICO 87401</b>		
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)		
<b>SOUTHERN UNION GATHERING</b>		<b>P.O. BOX 1899, BLOOMFIELD, NEW MEXICO 87413</b>		
If well produces oil or liquids, give location of tanks.	Unit <b>I</b>	Sec. <b>13</b>	Twp. <b>31N</b>	Rge. <b>13W</b>
Is gas actually connected?		When		
<b>Yes</b>				

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

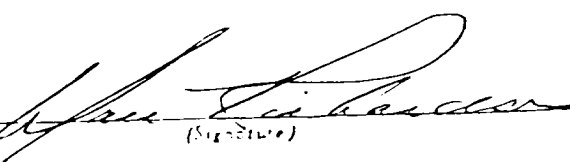
COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded		Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
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 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	Bbls. Cond. Water - MCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-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.

  
(Signature)

DEVELOPING & PRODUCTION SUP'T.  
(Title)

OIL CONSERVATION DIVISION	
APPROVED _____, 19	
BY _____	
TITLE <b>DEPUTY OIL &amp; GAS INSPECTOR, DIST. #3</b>	
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 run on the well in accordance with RULE 111.	
This form is to be filed completely for allowable.	