

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 DEPT. RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

I. OPERATOR

**Consolidated Oil & Gas Inc.**

Address  
**PO Box 2038 Farmington New Mexico 87401**

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Southern Union</b>	Well No. <b>1-M</b>	Pool Name, including Formation <b>Mesa Verde/Point Lookout</b>	Kind of Lease State, Federal or Fee	Lease No. <b>SF 078244</b>
Location				
Unit Letter <b>I</b>	<b>1850'</b>	Feet From The <b>S</b>	Line and <b>790</b>	Feet From The <b>East</b>
Line of Section <b>19</b>	Township <b>31N</b>	Range <b>12W</b>	, NMPM, <b>San Juan</b> County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Inland</b>	Address (Give address to which approved copy of this form is to be sent) <b>5101 E. MAIN FARMINGTON, NEW MEXICO</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>Southern Union Gathering</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. BOX 398 BLOOMFIELD, NEW MEXICO</b>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	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.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <b>3-12-80</b>	Date Compl. Ready to Prod. <b>7-11-80</b>	Total Depth <b>7135'</b>	P.B.T.D. <b>7117'</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>5962' GL</b>	Name of Producing Formation <b>Mesa Verde/Point Lookout</b>	Top Oil/Gas Pay <b>4992'</b>	Tubing Depth <b>4874'</b>					
Perforations			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>12 1/4</b>	<b>8 5/8 Csg.</b>	<b>275'</b>	<b>200 SX</b>					
<b>7 7/8</b>	<b>5 1/2 Csg.</b>	<b>7135'</b>	<b>1330 SX</b>					
	<b>1 1/2 Tbg.</b>	<b>4874'</b>						

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 WELL

Actual Prod. Test-MCF/D <b>258</b>	Length of Test <b>3 Hrs.</b>	Bbls. Condensate/MMCF	Choke Size
Testing Method (pilot, back pr.) <b>1 Pt. Bk. press</b>	Tubing Pressure (shut-in) <b>960</b>	Casing Pressure (shut-in) <b>940</b>	<b>3/4</b>

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.

*Veryl Moore*  
(Signature)  
**Production Superintendent**  
(Title)  
**7-28-80**  
(Date)

OIL CONSERVATION DIVISION  
APPROVED **AUG 11 1980**, 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 filed for each pool in multiply completed wells.