

UNIT			
TYPE	OIL		
	GAS		
FOR			
TOWN OFFICE			

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

CONSOLIDATED OIL & GAS, INC.

P.O. BOX 2038, FARMINGTON, NEW MEXICO 87401

Well ☐ Completion ☐ Change in Ownership ☐

Change in Transporter of:
Oil ☐ Casinghead Gas ☐

Dry Gas ☐ Condensate ☒

Other (Please explain)

Change of ownership give name
Address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
SOUTHERN UNION	1-M	BLANCO MESA VERDE	XXXX Federal XXXX	82-078244

Section 19 Township 31N Range 12W NMPM, SAN JUAN County

Well Letter I 1850 Feet From The S Line and 790 Feet From The E

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Signature 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)
PLANT REFINERY	P.O. BOX 256, FARMINGTON, NEW MEXICO 87401
Signature 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)
SOUTHERN UNION GATHERING	P.O. BOX 1899, BLOOMFIELD, NEW MEXICO 87412
Well produces oil or liquids, location of tanks.	Is gas actually connected? When
Unit <u>I</u> Sec. <u>19</u> Twp. <u>31N</u> Rge. <u>12W</u>	Yes

If 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.
Spudded								
Date Compl. Ready to Prod.								
Total Depth								
P.B.T.D.								
Locations (DF, RKB, RT, GR, etc.)								
Name of Producing Formation								
Top Oil/Gas Pay								
Tubing Depth								
Depth Casing Shoe								

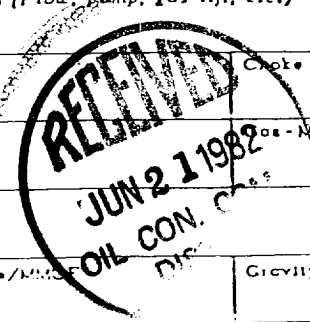
TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE
L 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.



AS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Casing Method (split, back pr.)	Tubing Pressure (5000-in)	Casing Pressure (5000-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.

Charles Johnson

OIL CONSERVATION DIVISION

APPROVED JUN 21 1982 19

BY Original Signed by CHARLES JOHNSON

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 deepened well, this form must be accompanied by a calculation of the density test taken on the well in accordance with RULE 1110.