

PRODUCER	
TRANSPORTER	OIL
	GAS
OPERATOR	
REGISTRATION OFFICE	
REGISTRATION	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

CONSOLIDATED OIL & GAS, INC.

P.O. BOX 2036, FARMINGTON, NEW MEXICO 87401

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	
Recompletion ☐	
Change in Ownership ☐	
Change in Transporter of:	
Oil ☐	Dry Gas ☐
Casinghead Gas ☐	Condensate ☒

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.	
SENER	1-M	BLANCO MESA VERDE	XXXX Federal XXXX	82-078464	
Location	Unit Letter	I	Feet From The	S	
		Line and	845	Feet From The	E
Line of Section	24	Township	31N	Range	13W
			NMPM,	SAN JUAN	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)					
GIANT REFINERY	P.O. BOX 256, FARMINGTON, NEW MEXICO 87401					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)					
SOUTHERN UNION GATHERING	P.O. BOX 1899, BLOOMFIELD, NEW MEXICO 87413					
Well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I	24	31N	13W	Yes	

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.					
Deviations (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)

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
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

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.

OIL CONSERVATION DIVISION

APPROVED JUN 21 1982, 19
BY DEPUTY OIL & GAS INSPECTOR DIST. 3
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 well drilled on or after April 1, 1982, this form must be accompanied by a statement of the deviation from the rules and regulations of the Oil Conservation Division.

