

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 OTHER OWNERS	
DISTRIBUTION	
SALES	
FILE	
USE	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
REGISTRATION OFFICE	

Operator
CONSOLIDATED OIL & GAS, INC.

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

Reason(s) for filing (Check proper box)

New Well	☒	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	JACQUEZ	Well No.	2	Pool Name, including Formation	BASIN DAKOTA	Kind of Lease	State, Federal ☒ Free	Lease No.	
Location	Unit Letter	K	1730	Feet From The	S	Line and	1740	Feet From The	W
Line of Section	2	Township	31N	Range	13W	, NMPM,	SAN JUAN	County	

III. 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)					
INLAND	1501 EAST MAIN, FARMINGTON, NEW MEXICO					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)					
EL PASO NATURAL GAS	P.O. BOX 990, FARMINGTON, NEW MEXICO					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					NO	

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	Some Rest'v.	Diff. Rest'
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
2-26-80	11-18-80	6945	6872					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
5802 RKB	DAKOTA	6650	6682					
Perforations	6650 to 6864	Depth Casing Shoe						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4	24#	268	200					
7 7/8	15.5#	6944	1250					
	1 1/2	6682						

V. TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

(Test must be after recovery of initial volume of load oil and must be equal to or exceed top all able 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	Coke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
GAS WELL		Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test	1226	
153	3 hours		
Testing Method (If not, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Coke Size
1 pt. back pressure	1425	----	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.

PRODUCTION SUPT.

(Title)

2-3-81

(Date)

OIL CONSERVATION DIVISION

APPROVED **APR 12 1981**, 19

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT # 2

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes on old well name or number, or transportation, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multi-ported wells.