

OIL CONSERVATION DIVISION

P. O. BOX 2038

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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 ☐

Dry Gas ☐

Change in Ownership ☐

Consolidated Gas ☐

Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name PHILLIPS	Well No. 1-E	Pool Name, Including Formation BLANCO MESA VERDE	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter K ; 1650 Feet From The S Line and 1700 Feet From The W Line of Section 23 Township 31N Range 13W , NEPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input checked="" type="checkbox"/> INLAND	Address (Give address to which approved copy of this form is to be sent) 5101 EAST MAIN, FARMINGTON, NEW MEXICO	
Name of Authorized Transporter of Consolidated Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> SOUTHERN UNION GATHERING	Address (Give address to which approved copy of this form is to be sent) BOX 1899, BLOOMFIELD, NEW MEXICO	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected?	When
	YES	10-30-80

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.
		X	X					
Date Spudded 2-26-80	Date Compl. Ready to Prod. 2-4-81		Total Depth 6850		P.B.T.D. 6782			
Elevations (DF, RKB, RT, GR, etc.) 5787 RKB	Name of Producing Formation MESA VERDE		Top Oil/Gas Pay 4317		Tubing Depth 4372			
Perforations 4317 to 4372					Depth Casing Shoe 6849			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8		267		200			
7 7/8	5 1/2		6849		1417			
	1 1/4		4326					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of lead 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.	Gravity of Condensate

GAS WELL

Actual Prod. Test-MCF/D 20	Length of Test 3 hours	XXXXXXX /MMCF 164	Gravity of Condensate
Testing Method (pilot, back pr.) 1 pt. back pr.	Tubing Pressure (shut-in) None	Casing Pressure (shut-in) 1280	Choke Size 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.

2-12-81

OIL CONSERVATION DIVISION

APPROVED _____, 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.