

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Consolidated Oil & Gas, Inc.

P.O. Box 2038, Farmington, New Mexico 87401

son(s) for filing (Check proper box)

Well ☐

Completion ☐

Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐

Casinghead Gas ☐ Condensate ☒

Other (Please explain)

range 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.
Phillips	1E	Blanco Mesa Verde	State, Federal or Fee XXXXXXXXXX	

Unit Letter K : 1650 Feet From The S Line and 1700 Feet From The W

Line of Section 23 Township 31N Range 13W NMPM, San Juan County

ORIGIN OF TRANSPORTER OF OIL AND NATURAL GAS

Is 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, N.M. 87401

Is an 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 Co. P.O. Box 1899, Bloomfield, N.M. 87413

Well produces oil or liquids, location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	K	23	31N	13W	Yes	

• 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.
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Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
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Well ID (DE, RKR, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	T.M. Depth
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Well ID, Name, etc.	Well ID, Name, etc.	Top Oil/Gas Pay	Tubing Depth

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

T DATA AND REQUEST FOR ALLOWABLE 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.)
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Depth of Test	Tubing Pressure	Casing Pressure	Choke Size
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al Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
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HELL

al Prod. Test-MCF/D	Length of Test	Ebls. Cond. sec./MCF	Gravity of Condensate
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ing Method (pilot, back pr.)	Tubing Pressure (shot-in)	Coating Pressure (shot-in)	Choke Size
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CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given is true and complete to the best of my knowledge and belief.


 (Signature)

Production & Drilling Superintendent
(Title)

June 8, 1982

OIL CONSERVATION DIVISION

JUN 21 1982

APPROVED _____, 19 _____

BY _____

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 deviat tests taken on the well in accordance with RULE III.

All sections of this form must be filled out completely for all
able on new and reconstructed walls.

Fill out only Section 1, II, III, and VI for changes of ownership
well known to the Department; report other changes of ownership.