

OIL CONSERVATION DIVISION

Revised 10-1-78

P. O. BOX 2038

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

I. **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 ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Wilmerding	Well No. 1-M	Pool Name, Including Formation Blanco MV	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter C ; 1120 Feet From The North Line and 1850 Feet From The West Line of Section 10 Township 31N Range 13W , NMPM, 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"/> Irland	Address (Give address to which approved copy of this form is to be sent) 5101 E. Main Farmington, NM 87401			
Name of Authorized Transporter of Casinghead 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) P. O. Box 398 Bloomfield, NM 87413			
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 10	Twp. 31	Rge. 13
	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	Same Res'v.	Diff. Res'v.
		X						
Date Spudded 4-2-80	Date Compl. Ready to Prod. 10-16-80		Total Depth 6939		P.B.T.D. 6890			
Elevations (DF, RKB, RT, GR, etc.) 5801 GL	Name of Producing Formation Mesa Verde		Top of Gas Pay 4462		Tubing Depth 4514			
Perforations 4462 to 4679					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/2	8-5/8		268		200 Sks.			
7-7/8	5 1/2		6935		825 Sks.			
	1 1/2		4514					

V. 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)

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.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 1824 1820	Length of Test 3 Hours	Bbls. Condensate/MMCF 228	Gravity of Condensate
Testing Method (pitot, back pr.) 1 Pt. Backpress	Tubing Pressure (shut-in) 1091	Casing Pressure (shut-in) 1092	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.

Veryl Moore
(Signature)

Production Supt.
(Title)

11-12-80
(Date)

OIL CONSERVATION DIVISION

APPROVED **DEC 1 1980**, 19BY **Original Signed by FRANK T. CHAVEZ**TITLE **SUPERVISOR DISTRICT #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 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.