

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. Operator
CONSOLIDATED OIL & GAS, INC.
Address
PO BOX 2038, FARMINGTON, NEW MEXICO 87401

Reason(s) for filing (Check proper box)

New Well ☒Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

*Lease name change from Cain*If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name CAIN	Well No. 1 E	Pool Name, including Formation WC GALLUP	Kind of Lease State, Federal or Fee FEDERAL	Lease No. SF078464
Location Unit Letter I ; 1450 Feet From The S Line and 1195 Feet From The E Line of Section 25 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 type="checkbox"/> INLAND	Address (Give address to which approved copy of this form is to be sent) 5101 E. MAIN, FARMINGTON, NEW MEXICO 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) BOX 398, BLOOMFIELD, NEW MEXICO 87413					
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	Same Res'v.	Diff. Res'v.
		X						
Date Spudded 5-18-80	Date Compl. Ready to Prod. 11-17-80		Total Depth 7125		P.B.T.D. 7049			
Elevations (DF, RKB, RT, GR, etc.) 5980 RKB	Name of Producing Formation GL		Top Oil/Gas Pay 6105		Tubing Depth 6110			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2	8 5/8	253	200
7 7/8	5 1/2	7118	1470
	1 1/2	6110	

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	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D TSM	Length of Test 3 Hrs.	XXXXXXX /MMCF TSM	Gravity of Condensate
Testing Method (prior, back pr.) 1 pt. back pressure	Tubing Pressure (shut-in) 15	Casing Pressure (shut-in) 219	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.

Seyl Moore
(Signature)

PRODUCTION SUPT.

(Title)

12-3-80

(Date)

OIL CONSERVATION DIVISION

APPROVED **MAR 12 1981**, 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 Form C-104 must be filed for each pool in multiply completed wells.

