

OIL CONSERVATION DIVISION  
P.O. BOX 2018  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DATE	
WELL NO.	
WELL NAME	
WELL TYPE	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

CONSOLIDATED OIL & GAS, INC.

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

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input checked="" type="checkbox"/>

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name <b>CAIN</b>	Well No. <b>1-E</b>	Pool Name, Including Formation <b>WILDCAT GALLUP</b>	Kind of Lease <b>XXXX Federal XXXX</b>	Lease No. <b>82-078464</b>
Location Unit Letter <b>I</b> ; <b>1450</b> Feet From The <b>S</b> Line and <b>1105</b> Feet From The <b>E</b> Line of Section <b>25</b> Township <b>31N</b> Range <b>13W</b> , NMPM, <b>SAN JUAN</b> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>GIANT REFINERY</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. BOX 256, FARMINGTON, NEW MEXICO 87401</b>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>SOUTHERN UNION GATHERING</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. BOX 398, BLOOMFIELD, NEW MEXICO 87413</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>I</b>	Sec. <b>25</b>
	Twp. <b>31N</b>	Rge. <b>13W</b>
	Is gas actually connected? <b>Yes</b> When	

If this 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.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
Perforations		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					

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)

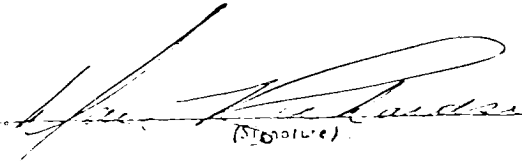
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, jet lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

  
(Signature)  
DRILLING & PRODUCTION SUP'T.  
(Title)

6-8-82

OIL CONSERVATION DIVISION

APPROVED JUN 2 1982, 19  
BY Original Signed by CRISTINA GONZALEZ  
TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #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.  
This form is to be filed in the Oil Conservation Division, Santa Fe, New Mexico, with the request for allowable.

