

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NAME OF OPERATOR	
DISTRIBUTION	
SANITARY	
PIPE	
USE OF	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
FORMATION OFFICE	

I. Operator

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 ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>TEMPLETON</u>	Well No. <u>1E</u>	Pool Name, Including Formation <u>BASIN DAKOTA</u>	Kind of Lease State, Federal or Fee <u>FEE</u>	Lease No. _____
Location Unit Letter <u>B</u> ; <u>890</u> Feet From The <u>N</u> Line and <u>1820</u> Feet From The <u>E</u> Line of Section <u>27</u> Township <u>31</u> Range <u>13</u> , NMPM, <u>SAN JUAN</u> 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"/> <u>INLAND</u>	Address (Give address to which approved copy of this form is to be sent) <u>1501 EAST MAIN, FARMINGTON, NEW MEXICO</u>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>SOUTHERN UNION GATHERING</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. BOX 1899, BLOOMFIELD, NEW MEXICO</u>			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
				<u>NO</u>

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.
		<u>X</u>						
Date Spudded <u>7-9-80</u>	Date Compl. Ready to Prod. <u>12-18-80</u>		Total Depth <u>6630</u>		P.B.T.D. <u>6600</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>5592 RKB</u>	Name of Producing Formation <u>DAKOTA</u>		Top Oil/Gas Pay <u>6314</u>		Tubing Depth <u>6321</u>			
Perforations					Depth Casing Shoe <u>6629</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12 1/4</u>	<u>8 5/8</u>		<u>263</u>		<u>250</u>			
<u>7 7/8</u>	<u>5 1/2</u>		<u>6629</u>		<u>1625</u>			
	<u>1 1/2</u>		<u>6321</u>					

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.)	
		Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Water-Bbls.	Gas-MCF
Actual Prod. During Test	Oil-Bbls.		

GAS WELL

Actual Prod. Test-MCF/D <u>454</u>	Length of Test <u>3 hours</u>	Actual Prod. Test-MCF <u>3636</u>	Gravity of Condensate
Testing Method (pilot, back pr.) <u>1 pt back pr.</u>	Tubing Pressure (Shut-in) <u>1680</u>	Casing Pressure (Shut-in) <u>---</u>	Choke Size <u>3/4</u>

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)
1-14-81
(Date)

OIL CONSERVATION DIVISION
FEB 20 1981
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.
11/5/81