

LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
REGISTRATION OFFICE	
DATE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

CONSOLIDATED OIL & GAS, INC.

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

Person(s) for filing (Check proper box)

New Well ☐ Change in Transporter of:
Completion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☒

Other (Please explain)

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	TRIBAL "C"	Well No.	2	Pool Name, Including Formation	TAPACITO PICTURED CLIFFS	Kind of Lease	Jic. Apache	Lease No.	
Location							Indian 09	000097	
Unit Letter	F	1650	Feet From The	N	Line and	1550	Feet From The	W	
Line of Section	6	Township	26N	Range	3W	NMPM, RIO ARRIBA	County		

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
GIANT REFINERY	P.O. BOX 256, FARMINGTON, NEW MEXICO 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
NORTHWEST PIPELINE CORPORATION	3539 E. 30TH ST., FARMINGTON, NEW MEXICO 87401
Well produces oil or liquids, or location of tanks.	Unit Sec. Twp. Rge. F 6 26N 3W
Is gas actually connected?	When
Yes	

If 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.
Spudded								
Date Compl. Ready to Prod.								
Total Depth								
Productions (DF, RKB, RT, GR, etc.)								
Name of Producing Formation								
Top Oil/Gas Pay								
Tubing Depth								
Depth Casing Shoe								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

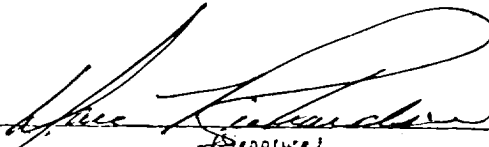
TEST DATA AND REQUEST FOR ALLOWABLE WELL

(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.)
th of Test	Tubing Pressure	Casing Pressure
al Prod. During Test	Oil-Bbls.	Water-Bbls.
Well		
al Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF
ing Method (pistol, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)

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)

DRILLING & PRODUCTION SUPT.

(Title)

6-10-82

OIL CONSERVATION DIVISION

APPROVED _____, 19

BY Original Signed by CHARLES SWENSON

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 casinghead tests taken on the well in accordance with RULE 111.

All requests of this form must be filled out completely for a new well or a new casinghead test.

This form is to be filed in compliance with RULE 1104.