

REGISTRATION OFFICE	
PERMIT OFFICE	
TRANSPORTER	OIL
	GAS

**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: Oil  Dry Gas  Other (Please explain)

Completion  Casinghead Gas  Condensate

Change in Ownership

Change of ownership give name and address of previous owner \_\_\_\_\_

**DESCRIPTION OF WELL AND LEASE**

Well Name <b>TRIBAL "C"</b>	Well No. <b>3-A</b>	Pool Name, Including Formation <b>BLANCO MESA VERDE</b>	Kind of Lease <del>XXXXXX</del> <b>Jic. Apache Indian</b>	Lease No. <b>09-000097</b>
Location Unit Letter <b>J</b> : <b>1550</b> Feet From The <b>S</b> Line and <b>1550</b> Feet From The <b>E</b>	Line of Section <b>6</b>	Township <b>26N</b>	Range <b>3W</b>	NMPM, <b>RIO ARRIBA</b> County

**DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" 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 type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>NORTHWEST PIPELINE CORPORATION</b>	Address (Give address to which approved copy of this form is to be sent) <b>3539 E. 30TH ST., FARMINGTON, NEW MEXICO 87401</b>
Well produces oil or liquids, give location of tanks. Unit <b>J</b> Sec. <b>6</b> Twp. <b>26N</b> Rge. <b>3W</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.		
Deviations (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, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	G/MCF

**TEST DATA AND REQUEST FOR ALLOWABLE GAS WELL**

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

**CERTIFICATE OF COMPLETION**

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 SUPT.**

(6-10-82)

**OIL CONSERVATION DIVISION**

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY Original Signed by CH/ RUS BRUNSON

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 well logs of this form must be filled out completely for all wells drilled or deepened in this district.

