

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:

Recompletion ☐

Oil ☐

Dry Gas ☐

Change in Ownership ☐

Casinghead Gas ☐

Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name NORTHWEST FEDERAL	Well No. 3-E	Location GALLUP	Kind of Lease State, Federal or Fee FEDERAL	Jic. Apache Cont. No. 119
Location Unit Letter L : 1550 Feet From The S Line and 950 Feet From The W Line of Section 6 Township 26 Range 4 , NMPM, RIO ARRIBA 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"/> INLAND	Address (Give address to which approved copy of this form is to be sent) 5101 EAST MAIN, FARMINGTON, NEW MEXICO	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> NORTHWEST PIPELINE	Address (Give address to which approved copy of this form is to be sent) 3539 EAST 30TH, FARMINGTON, NEW MEXICO	
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 6
	Twp. 26N	Rge. 4W
	Is gas actually connected? NO When	

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	X					
Date Spudded 10-18-80	Date Compl. Ready to Prod. 2-15-81		Total Depth 8300'		P.E.T.D. 8212'			
Elevations (DF, RKB, RT, CR, etc.) 7122' RKB	Name of Producing Formation GALLUP		Top Oil/Gas Pay 6982'		Tubing Depth 7362'			
Perforations 7196 to 7562'					Depth Casing Shoe 8262'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14 3/4"	10 3/4"		324'		300 sks			
9 7/8"	7 5/8"		4030'		275 sks			
6 1/4"	5 1/2"		8262'		375 sks			
	1 1/2"		7362'					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be top allowable for this depth or be for full 24 hours)

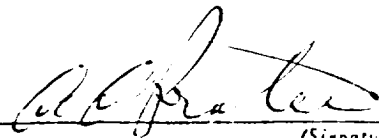
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 253	Length of Test 3 Hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) 1 pt. back pressure	Tubing Pressure (Shut-in) 1271#	Casing Pressure (Shut-in) 1271#	Choke Size 3/4"

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)

ASSISTANT PRODUCTION SUPT.

(Title)

2-24-81

(Date)

OIL CONSERVATION DIVISION

APPROVED **APR 21 1981**, 19

BY **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 Forms C-104 must be filed for each pool in multiply completed wells.