

OIL CONSERVATION DIVISION

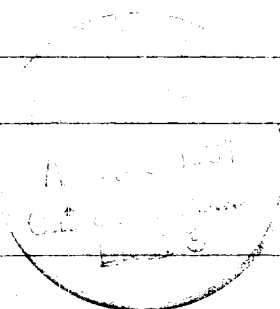
P. O. BOX 2038

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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 <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

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

DESCRIPTION OF WELL AND LEASE

Lease Name Navajo	Well No. 2E	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or <input checked="" type="checkbox"/> Navajo	Lease No. 14-20-603-1371
Location Unit Letter <u>C</u> ; <u>790</u> Feet From The <u>North</u> Line and <u>1833</u> Feet From The <u>West</u>				
Line of Section <u>11</u> Township <u>25N</u> Range <u>10W</u> , NMPM, <u>San Juan</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Inland Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1528, Farmington, N.M. 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Gas Company of New Mexico	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1899, Bloomfield, N.M. 87413	
If well produces oil or liquids, give location of tanks.	Unit <u>C</u>	Sec. <u>11</u>
	Twp. <u>25N</u>	Rge. <u>10W</u>
	Is gas actually connected? <u>No</u>	
	When	

If this production is commingled with that from any other lease or pool, give commingling order number: R-6620

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>	<u>X</u>					
Date Spudded 12-7-80	Date Compl. Ready to Prod. 2-9-81		Total Depth 6700'		P.B.T.D. 6673'			
Elevations (DF, RKB, RT, GR, etc.) 6780'KB; 6767'GR	Name of Producing Formation Dakota		Top Oil/Gas Pay 6612'		Tubing Depth 6616'			
Perforations 6612'-6650' - Dakota					Depth Casing Shoe 6692'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8", 20#	222'	250
7-7/8"	5-1/2", 15.5#	6692'	315
-	DV Tools	2204'-4811'	503 sx & 375 sx
-	1-1/2", 2.9# Tbg	6616'	-

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 1-29-81(comm w/ GH)	Date of Test 2-9-81	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 3 hrs	Tubing Pressure/PSI 1493	Casing Pressure /SI 1517	Choke Size 2" X 3/4"
Actual Prod. During Test 32 bbls (comm)	Oil-Bbls. 22	Water-Bbls. 10	Gas-MCF CV - 4659 MCFD

GAS WELL Test: 2-9-81

Actual Prod. Test-MCF/D CV 4659; AOF 8306	Length of Test 3 hrs	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1493 psig	Casing Pressure (Shut-in) 1517 psig	Choke Size 2" X 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.

Barbara C. Rex
(Signature)Production & Drilling Technician
(Title)March 31, 1981
(Date)

OIL CONSERVATION DIVISION

APPROVED APR 20 1981, 19BY Original Signed by FRANK T. CHAVEZTITLE 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.