

SANTA FE, NEW MEXICO 87501

1. NAME OF VESSEL 2. TYPE OF VESSEL 3. HOME PORT 4. NAME OF CAPTAIN 5. NAME OF MASTER 6. NAME OF FIRST OFFICER 7. NAME OF SECOND OFFICER 8. NAME OF THIRD OFFICER 9. NAME OF FOURTH OFFICER 10. NAME OF FIFTH OFFICER 11. NAME OF SIXTH OFFICER 12. NAME OF SEVENTH OFFICER 13. NAME OF EIGHTH OFFICER 14. NAME OF NINTH OFFICER 15. NAME OF TENTH OFFICER 16. NAME OF ELEVENTH OFFICER 17. NAME OF TWELFTH OFFICER 18. NAME OF THIRTEENTH OFFICER 19. NAME OF FOURTEENTH OFFICER 20. NAME OF FIFTEENTH OFFICER 21. NAME OF SIXTEENTH OFFICER 22. NAME OF SEVENTEENTH OFFICER 23. NAME OF EIGHTEENTH OFFICER 24. NAME OF NINETEENTH OFFICER 25. NAME OF TWENTIETH OFFICER 26. NAME OF TWENTY-FIRST OFFICER 27. NAME OF TWENTY-SECOND OFFICER 28. NAME OF TWENTY-THIRD OFFICER 29. NAME OF TWENTY-FOURTH OFFICER 30. NAME OF TWENTY-FIFTH OFFICER 31. NAME OF TWENTY-SIXTH OFFICER 32. NAME OF TWENTY-SEVENTH OFFICER 33. NAME OF TWENTY-EIGHTH OFFICER 34. NAME OF TWENTY-NINTH OFFICER 35. NAME OF THIRTIETH OFFICER 36. NAME OF THIRTY-FIRST OFFICER 37. NAME OF THIRTY-SECOND OFFICER 38. NAME OF THIRTY-THIRD OFFICER 39. NAME OF THIRTY-FOURTH OFFICER 40. NAME OF THIRTY-FIFTH OFFICER 41. NAME OF THIRTY-SIXTH OFFICER 42. NAME OF THIRTY-SEVENTH OFFICER 43. NAME OF THIRTY-EIGHTH OFFICER 44. NAME OF THIRTY-NINTH OFFICER 45. NAME OF FORTIETH OFFICER 46. NAME OF FORTY-FIRST OFFICER 47. NAME OF FORTY-SECOND OFFICER 48. NAME OF FORTY-THIRD OFFICER 49. NAME OF FORTY-FOURTH OFFICER 50. NAME OF FORTY-FIFTH OFFICER 51. NAME OF FORTY-SIXTH OFFICER 52. NAME OF FORTY-SEVENTH OFFICER 53. NAME OF FORTY-EIGHTH OFFICER 54. NAME OF FORTY-NINTH OFFICER 55. NAME OF FIFTIETH OFFICER 56. NAME OF FIFTY-FIRST OFFICER 57. NAME OF FIFTY-SECOND OFFICER 58. NAME OF FIFTY-THIRD OFFICER 59. NAME OF FIFTY-FOURTH OFFICER 60. NAME OF FIFTY-FIFTH OFFICER 61. NAME OF FIFTY-SIXTH OFFICER 62. NAME OF FIFTY-SEVENTH OFFICER 63. NAME OF FIFTY-EIGHTH OFFICER 64. NAME OF FIFTY-NINTH OFFICER 65. NAME OF SIXTIETH OFFICER 66. 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NAME OF NINETY-FIRST OFFICER 97. NAME OF NINETY-SECOND OFFICER 98. NAME OF NINETY-THIRD OFFICER 99. NAME OF NINETY-FOURTH OFFICER 100. NAME OF NINETY-FIFTH OFFICER 101. NAME OF NINETY-SIXTH OFFICER 102. NAME OF NINETY-SEVENTH OFFICER 103. NAME OF NINETY-EIGHTH OFFICER 104. NAME OF NINETY-NINTH OFFICER 105. NAME OF HUNDRETH OFFICER 106. NAME OF HUNDRED-FIRST OFFICER 107. NAME OF HUNDRED-SECOND OFFICER 108. NAME OF HUNDRED-THIRD OFFICER 109. NAME OF HUNDRED-FOURTH OFFICER 110. NAME OF HUNDRED-FIFTH OFFICER 111. NAME OF HUNDRED-SIXTH OFFICER 112. NAME OF HUNDRED-SEVENTH OFFICER 113. NAME OF HUNDRED-EIGHTH OFFICER 114. NAME OF HUNDRED-NINTH OFFICER 115. NAME OF ONE HUNDRED AND ONE OFFICER 116. NAME OF ONE HUNDRED AND TWO OFFICER 117. NAME OF ONE HUNDRED AND THREE OFFICER 118. NAME OF ONE HUNDRED AND FOUR OFFICER 119. NAME OF ONE HUNDRED AND FIVE OFFICER 120. NAME OF ONE HUNDRED AND SIX OFFICER 121. NAME OF ONE HUNDRED AND SEVEN OFFICER 122. NAME OF ONE HUNDRED AND EIGHT OFFICER 123. 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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

CONSOLIDATED OIL & GAS, INC.

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

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>
Recompletion	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>

Change in Transporter of:

Oil	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	CHAMPLIN	Well No.	2- 8	Pool Name, Including Formation	TAPACITO PICTURED CLIFFS	Kind of Lease	XXX Federal XXX	Lease No.	82-079527
Location	Unit Letter <u>J</u> : ¹⁸⁰⁰ 1000 Feet From The <u>S</u> Line and <u>1680</u> Feet From The <u>E</u> Line of Section <u>35</u> Township <u>27N</u> Range <u>4W</u> , NMPM, RIO ARRIBA County								

DESIGNATION 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 EAST 30TH ST., FARMINGTON, NEW MEXICO 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	J.	35	27N	4W	Yes	

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.			
Elevations (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 oil available 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

AS HELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MSCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (shut-in)	Coating Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

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.

APPROVED _____, 19

Original Signed by CHARLES GHOLSON

TITLE SECRET

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviatoric tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all applicable or new and recompleted wells.

III but only Sections I, II, III, and VI for charges of
 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 83

* Separate forms must be filed for each pool.

DRILLING & PRODUCTION SUPERINTENDENT

6-8-82