

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-1-1  
Supersedes Old C-101  
Effective 1-1-65

I.

OPERATOR	CONSOLIDATED OIL & GAS, INC.		
PRORATION OFFICE	1860 Lincoln Street, Lincoln Tower Bldg., Denver, Colorado 80203		
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	Dry Gas <input checked="" type="checkbox"/>	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Condensate <input type="checkbox"/>		

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease
Champlin	4	Basin Dakota	State (Federal or Fee)
Location	Unit Letter F; 1650 Feet From The N Line and 1650 Feet From The W		
Line of Section	Township	Range	Count
35	27	4	Rio Arriba

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
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	501 Airport Drive Farmington, New Mexico 87401		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Rge.
F	35	27	4
Is gas actually connected?	When		
Yes	9-5-63		

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't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Pool	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					

V. 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 to; able for this depth or be for full 24 hours)

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

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. 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 above is true and complete to the best of my knowledge and belief.

Geraldine Bergamo  
(Signature)

Asst. Production Acct.  
(Label)

Jan. 24, 1974

OIL CONSERVATION COMMISSION  
FEB 7 1974

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

BY Original Signed by Emery C. Arnold

TITLE SUPERVISOR 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 old well, this form must be accompanied by a tabulation of the data taken on the well in accordance with rule 1111.

All sections of this form must be filled out completely for all wells, including recompleted wells.

FOR INFORMATION OF THE FIELD OFFICE, the following information is being furnished to the Field Office for their information.

1. Name of the well, location, and the name of the owner.