

OIL CONSERVATION DIVISION

P. O. BOX 2038

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator CONSOLIDATED OIL AND GAS INC.	
Address P.O. BOX 2038 FARMINGTON, NEW MEXICO 87401	
Reason(s) for filing (Check proper box)	
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"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name CLAYTON	Well No. 1-E	Pool Name, Including Formation BASIN DAKOTA	Kind of Lease State, Federal or Fee FEE	Lease No.
Location				
Unit Letter P	875	Feet From The SOUTH Line and 945	Feet From The EAST	
Line of Section 2	Township 30N	Range 12W	SAN JUAN	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> INLAND	Address (Give address to which approved copy of this form is to be sent) 5101 E. MAIN FARMINGTON, N.M. 87401					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> EL PASO NAT'L GAS	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 990 FARMINGTON, N.M. 87401					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When

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

V. 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 2-7-80	Date Compl. Ready to Prod. 8-4-80	Total Depth 6868'		P.B.T.D. 6834'					
Elevations (DF, RKB, RT, GR, etc.) 5712 GR	Name of Producing Formation BASIN DAKOTA	Top Oil/Gas Pay 6770'		Tubing Depth 6623'					
Perforations 6564' - 6770'		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4	8-5/8 csg.		271'		200 sx				
7-7/8"	5-1/2 csg.		6868'		860 sx				
	1-1/2 tbg.		6623'						

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of lost 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 1900	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 654	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) 1 pt. bk. press.	Tubing Pressure (Shut-in) 2446	Casing Pressure (Shut-in) -----	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.

Jeryl Moore
(Signature)
PROD. SUPT.
8-6-80
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 1 1980, 19
Original Signed by **FRANK T. CHAVEZ**
BY
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 recompleted wells.