

## OIL CONSERVATION DIVISION

P. O. BOX 2038

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Consolidated Oil &amp; Gas, Inc.

P.O. Box 2038, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

New Well ☐  
Recompletion ☐  
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐  
Casinghead Gas ☐ Condensate ☒

Other (Please explain)

change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Clayton	1E	Flora Vista Gallup	XXXXXXX or Fee	

Location

Unit Letter P : 875 Feet From The S Line and 945 Feet From The ELine of Section 2 Township 30N Range 12W , NMPM, San Juan County

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Address (Give address to which approved copy of this form is to be sent)

Giant Refinery

P.O. Box 256, Farmington, N.M. 87401

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒

El Paso Natural Gas Co.

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 P Sec. 2 Twp. 30N Rge. 12WIs gas actually connected?  
Yes

When

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, CR, 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 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	Length of Test	Bbls. Condensate	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure	Choke Size

## 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.

Production & Drilling Superintendent  
(Title)

June 8, 1982

## OIL CONSERVATION DIVISION

APPROVED JUN 21 1982  
Original Signed by CHARLES GHOLSONBY  
TITLE DEPUTY OIL & GAS INSPECTOR, 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 deepened well, this form must be accompanied by a tabulation of the density 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 for completion of the well change of status. Complete Sections I, II, III, and VI for new wells.