

OIL CONSERVATION DIVISION

P. O. BOX 2038

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DEPARTMENT	
DIVISION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator Consolidated Oil & Gas, Inc.	
Address P.O. Box 2038, Farmington, New Mexico 87499	
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"/>

RECEIVED
MAY 15 1984
OIL CON. DIV.
DIST. 3

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

DESCRIPTION OF WELL AND LEASE

Lease Name Clayton	Well No. 2	Pool Name, Including Formation Blanco Mesa Verde	Kind of Lease XXXXXX Fee	Lease No.
Location				
Unit Letter <u>K</u> : <u>1850</u> Feet From The <u>west</u> Line and <u>1850</u> Feet From The <u>south</u>				
Line of Section <u>2</u> Township <u>30N</u> Range <u>12W</u> , NMPM, San Juan 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 Refining	P.O. Box 256, Farmington, N.M. 87499					
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)					
El Paso Natural Gas Co.	P.O. Box 990, Farmington, N.M. 87499					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 2	Twp. 30N	Rge. 12W	Is gas actually connected? NO	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.
		X						
Date Spudded 3-31-84	Date Compl. Ready to Prod. 4-26-84		Total Depth 4800'		P.B.T.D. 4756'			
Elevations (DF, RKB, RT, GR, etc.) 5812'KB, 5799'GR	Name of Producing Formation Mesa Verde		Top Oil/Gas Pay 4472'		Tubing Depth 4703'			
Perforations 4472'-4725'					Depth Casing Shoe 4799'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	274'	234 cu ft
7-7/8"	5-1/2"	4799'	1908 cu ft
	1 1/2	4703	

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-Bble.	Water-Bble.	Gas-MCF

GAS WELL (Test Date: 5-7-84)

Actual Prod. Test-MCF/D 3310; 3310	Length of Test 3 hours	Bble. Condensate/MMCF trace	Gravity of Condensate NA
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) 1009 psig	Casing Pressure (shut-in) 1064 psig	Choke Size 6" 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)

May 11, 1984

(Date)

OIL CONSERVATION DIVISION

5-17-84
APPROVED _____, 19____
Original Signed by FRANK T. CHAVEZ
BY _____
SUPERVISOR DISTRICT #3

TITLE _____

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 V for changes of owner, well name, location, or transporter, or other change of condition.

This form must be filed for each pool in a multiple well completion.