

OIL CONSERVATION DIVISION
P. O. BOX 2068
SANTA FE, NEW MEXICO 87501

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
☐ Recompletion
☐ Change in Ownership

Change in Transporter of:
 Oil ☐ Dry Gas ☐
 Casinghead Gas ☐ Condensate ☒

change of ownership give name
d address of previous owner _____

DESCRIPTION OF WELL AND LEASE.

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Payne	2	Basin Dakota	XXXX Federal XXXX	82-078464

Location _____

Unit Letter H : 1850 Feet From The N Line and 890 Feet From The E

Line of Section 35 Township 31N Range 13W , NMPM, San Juan County

SIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Giant Refinery	Address (Give address to which approved copy of this form is to be sent) P.O. Box 256, Farmington, N.M. 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Southern Union Gathering Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1899, Bloomfield, N.M. 87413

	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
well produces oil or liquids, ve location of tanks.	H	35	31N	13W	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 Restv.	Diff. Restv.
are Spudded	Date Compl. Ready to Prod.	Total Depth				P.B.T.D.			
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay				Tubing Depth			
e:lorations						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

EST 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 of Test Producing Method (Flow, pump, gas lift, etc.)	Length of Test Tubing Pressure Casing Pressure Choke Size	Initial Prod. During Test Oil - Bbls. Water - Bbls. Gas - MCF
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AS WELL

Actual Prod. Test-MCF/D	Length of Test	Pressure-Conserv. MCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Ghat-In)	Coiling Pressure (Ghat-In)	Choke Size

CERTIFICATE OF COMPLIANCE

hereby certify that the rules and regulations of the Oil Conservation
Commission have been complied with and that the information given
is true and complete to the best of my knowledge and belief.

APPROVED _____, 19

BY _____ Original signed by CHARLES CHASE

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 deviate tests taken on the well in accordance with RULE III.

All sections of this form must be filled out completely for allowable on new and rectified walls.

[illegible]