

JAN 14 FL, TEL. 30.

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

REGISTRATION OFFICE

Consolidated Oil & Gas, Inc.

Address

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

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input checked="" type="checkbox"/>

Other (Please explain)

Change of ownership give name and address of previous owner

### DESCRIPTION OF WELL AND LEASE.

Lease Name Lea	Well No. 1	Pool Name, Including Formation Basin Dakota	Kind of Lease XXX, Federal of XXXX	Lease No. 82-078244
Location Unit Letter <u>K</u> : <u>1600</u> Feet From The <u>S</u> Line and <u>1450</u> Feet From The <u>W</u> Line of Section <u>30</u> Township <u>31N</u> Range <u>12W</u> , NMPM, San Juan County				

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>					P.O. Box 256, Farmington, N.M. 87401	
Giant Refinery					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"/>					P.O. Box 1899, Bloomfield, N.M. 87413	
Southern Union Gathering Co.					Is gas actually connected?	
If well produces oil or liquids, give location of tanks.					When	
Unit	Sec.	Twp.	Rge.	Yes		
K	30	31N	12W			

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

## COMPLETION DATA

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe			

## TUBING, CASING, AND CEMENTING RECORD

[illegible]

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)

OIL WELL		Date for this report to be furnished	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Coasting 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-MCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-In)	Coating Pressure (Shut-In)	Choke Size

## CERTIFICATE OF COMPLIANCE

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

June 8, 1982

OIL CONSERVATION DIVISION

APPROVED JUN 21 1972, 19

BY Original Signed by CHARLES GRILSON

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 deviation tests taken on the well in accordance with RULE 114.

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

1. All goods by the ...  
2. All goods by the ...