

REPORTER	OIL	
DATE	DATE	
LOCATION		
LOCATION OFFICE		
TIME		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

CONSOLIDATED OIL & GAS, INC.	
P.O. BOX 2038, FARMINGTON, NEW MEXICO 87401	
Unit(s) for filing (Check proper box)	Other (Please explain)
Well <input type="checkbox"/>	Change in Transporter of:
Completion <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 checked="" type="checkbox"/>
Change of ownership give name and address of previous owner	

DESCRIPTION OF WELL AND LEASE				
Well Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
SOUTHERN UNION	1-10	BASIN DAKOTA	XXX, Federal XXXX	82-078244
Location				
North Letter	M	1090 Feet From The	S Line and	1090 Feet From The
Line of Section	19	Township	31N	Range
			12W	NMPM, SAN JUAN County

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS				
Signature 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)		
PLANT REFINERY		P.O. BOX 256, FARMINGTON, NEW MEXICO 87401		
Signature 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)		
SOUTHERN UNION GATHERING		P.O. BOX 1899, BLOOMFIELD, NEW MEXICO 87413		
Well produces oil or liquids, location of tanks.	Unit	Sec.	Twp.	Rge.
	M	19	31N	12W
Is gas actually connected?		When		
Yes				

If production is commingled with that from any other lease or pool, give commingling order number:									
COMPLETION DATA									
Designate Type of Completion - (X)									
Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.						
Conditions (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth						
Conditions	Depth Casing Shoe								

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE 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)			
First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Depth of Test	Tubing Pressure	Casing Pressure	Choke Size
Total Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

SHUT-IN WELL			
Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.		APPROVED JUN 21 1982	
Signature		Original Signed by CHARLES GIBLSON	
SECTION SUPT.		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 statement of the deviation from the well in compliance with RULE 1104.	
		All requests for this form must be filed with the District Office.	