

OIL CONSERVATION DIVISION

P. O. BOX 2038
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. PRODUCTION OFFICE

Consolidated Oil & Gas, Inc.

Address

P. O. Box 2038 Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

New Well ☒

Change in Transporter of:

Recompletion ☐

Oil ☐

Dry Gas ☐

Change in Ownership ☐

Casinghead Gas ☐

Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---------------------------------|------------------------|---|---|-----------|
| Lease Name Wilmerding | Well No. 1-M | Pool Name, Including Formation Basin Dakota | Kind of Lease State, Federal or Fee FEE | Lease No. |
| Location | | | | |
| Unit Letter C | 1120 | Feet From The North Line and 1850 | Feet From The West | |
| Line of Section 10 | Township 31N | Range 13W | NMPM, San Juan | County |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | |
|---|---|-------------------|-------------------|---|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Inland, Corp. | Address (Give address to which approved copy of this form is to be sent) 5101 E. Main Farmington, N.M. 87401 | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Southern Union Gathering | Address (Give address to which approved copy of this form is to be sent) P. O. Box 398 Bloomfield, N.M. 87413 | | | |
| If well produces oil or liquids, give location of tanks. | Unit C | Sec. 10 | Twp. 31 | Rge. 13 |
| | | | | Is gas actually connected? No |

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

IV. 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 4-2-80 | Date Compl. Ready to Prod. 10-16-80 | | Total Depth 6939 | | P.B.T.D. 6890 | | | |
| Elevations (DF, RKB, RT, GR, etc.) 5801 GL | Name of Producing Formation Dakota | | Perforations/Gas Pay 6627 | | Tubing Depth 6728 | | | |
| Perforations 6627 to 6846 | | | | | Depth Casing Shoe | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12 1/4 | 8-5/8 | | 268 | | 200 Sks. | | | |
| 7-7/8 | 5 1/2 | | 6935 | | 825 Sks. | | | |
| | 1 1/2 | | 6728 | | ---- | | | |

V. 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 1655 | Length of Test 3 Hours | Bbls. Condensate/MMCF 207 | Gravity of Condensate |
| Testing Method (pilot, back pr.) 1 Pt. Backpress | Tubing Pressure (Shut-in) 1181 | Casing Pressure (Shut-in) --- | Choke Size 3/4 |

VI. 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.

Verl Moore
(Signature)

Production Supt.
(Title)

11-12-80
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV, 19

BY Original Signed by CHARLES GHOLSON

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 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 transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.