

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator

CONSOLIDATED OIL AND 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 RIPLEY	Well No. 2A	Pool Name, Including Formation BASIN DAKOTA	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter <u>P</u> : <u>790</u> Feet From The <u>S</u> Line and <u>790</u> Feet From The <u>E</u> Line of Section <u>26</u> Township <u>32N</u> Range <u>13W</u> , NMPM, <u>SAN JUAN</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> INLAND	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"/> SOUTHERN UNION GATHERING CO.	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When

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.
Date Spudded 9-11-79	Date Compl. Ready to Prod. 5-31-80		Total Depth 7050'		P.B.T.D. 7050'			
Elevations (DF, RKB, RT, GR, etc.) 5860' GR	Name of Producing Formation DAKOTA		Top Oil/Gas Pay 6764'		Tubing Depth 6810'			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12-1/4 7-7/8	CASING & TUBING SIZE 8-5/8" csg 5-1/2" csg 1-1/4" tbg 1-1/2" tbg		DEPTH SET 278' 6959' 4630' 6810'		SACKS CEMENT 250 sx 490 sx			

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 164	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (piston, back pr.) pt. back press.	Tubing Pressure (Shot-in) 1870	Casing Pressure (Shot-in) none	Choke Size

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.

Veryl Moore
(Signature)

Prod. Supt.

6-8-80

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 16 1980, 19BY Original Signed by FRANK L. CHAVEZTITLE SUPERVISOR DISTRICT # 1

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.