

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

# AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Consolidated Oil &amp; Gas, Inc.

Address

P. O. Box 2038      Farmington      New Mexico      87401

Reason(s) for filing (Check proper box)

Other (Please explain)

New Well ☒

Change in Transporter of:

## Recompletion

Oil

Dry Gas

Change in Ownership ☐Casinghead Gas ☐Condensate ☐

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Robinson Brothers	1-M	Blanco Mesa "Verde"	State, Federal or Fee FEE	
Location				
Unit Letter <u>N</u> ; <u>820</u> Feet From The <u>South</u> Line and <u>2220</u> Feet From The <u>West</u>				
Line of Section <u>34</u> Township <u>32N</u> Range <u>13W</u> , NMPM, <u>San Juan</u> County				

## II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input checked="" type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Inland					1501 E. Main Farmington, N.M. 87401	
Name 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 398 Bloomfield, N.M. 87413	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	N	34	32	13	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'tv.	Diff. Res'tv.
			X						
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
6-11-80	11-6-80		6980			6932			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
5841 RKB	MV		4536			4585			
Perforations						Depth Casing Shoe			

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 $\frac{1}{2}$	8-5/8	257	250 Sks.
7-7/8	5 $\frac{1}{2}$	6963	1250 Sks.
	1 $\frac{1}{2}$	4585	----

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 788	Length of Test 3 Hours	Bbls. Condensate/MMCF 98	Gravity of Condensate
Testing Method (pilot, back pr.) 1 Pt. Backpress	Tubing Pressure (shut-in) 1175	Casing Pressure (shut-in) 1185	Choke Size 3/4

## 1. 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.

Production Supt.

(Title)

11-12-80

(Date)

OIL CONSERVATION DIVISION

MAY 1 1988

APPROVED \_\_\_\_\_, 19

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT # 2

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 III.

All sections of this form must be filled out completely for allowance on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, wall 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.