

REPORTER	DIL	
REPORTER	GAS	
NATION		
NATION OFFICE		
DATE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

CONSOLIDATED OIL & GAS, INC.

P.O. BOX 2038, FARMINGTON, NEW MEXICO 87401

on(s) for filing (Check proper box)	Other (Please explain)
Well <input type="checkbox"/>	
Completion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input checked="" type="checkbox"/>

Change of ownership give name
address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
ROBINSON BROTHERS	1-M	BASIN DAKOTA	XXXXXXXXXX	---
Location				
Joint Letter	N	820	Feet From The	S
			Line and	2220
			Feet From The	W
Line of Section	34	Township	32N	Range
			13W	NMPM,
			SAN JUAN	County

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Name 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
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 1899, BLOOMFIELD, NEW MEXICO 87413
Well produces oil or liquids, location of tanks.	Unit Sec. Twp. Rge.
	N 34 32N 13W
	Is gas actually connected? When
	Yes

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Res'v.	Diff. Res'v.
Spudded								
Date Compl. Ready to Prod.								
Total Depth								
P.B.T.D.								
Locations (DF, RKB, RT, CR, etc.)								
Name of Producing Formation								
Top Oil/Gas Pay								
Tubing Depth								
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)

Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure
	Casing Pressure
Choke Size	Water - Bbls.
Gas - MCF	Oil - Bbls.

AS WELL

Length of Test	Bbls. Condensate	Gravity of Condensate
Producing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)
		Choke Size

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.

[Signature]

OIL CONSERVATION DIVISION

APPROVED JUN 2 1982, 19
BY Deputy Oil & Gas Inspector
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, the form must be accompanied by a copy of the well log and a copy of the well log in accordance with RULE 1111.