

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Consolidated Oil & Gas, Inc.	Well API No.
Address 410 17th Street, Suite 440, Denver, CO 80202	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator Columbus Energy Corporation, 1860 Lincoln St., Ste 1100, Denver, CO 80295	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Shipp "A"	Well No. 1	Pool Name, Including Formation Midway Abo	Kind of Lease State, Federal or <input checked="" type="radio"/> Fee	Lease No.
Location Unit Letter G : 1650 Feet From The North Line and 1650 Feet From The East Line Section 17 Township 17S Range 37E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Gilgo Petroleum Corp. <u>Phillips 66 Nat'l Gas</u>	Box 3758, Tulsa, OK 74102 <u>Box 26100, Oklahoma City, OK 73126</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
OKY USA Inc. <u>GPM Gas Corporation</u>	Box 3758, Tulsa, OK 74102 <u>Box 26100, Oklahoma City, OK 73126</u>					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 17	Twp. 17S	Rge. 37E	Is gas actually connected? Yes	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 X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10/12/63	Date Compl. Ready to Prod. 11/17/63		Total Depth 8975		P.B.T.D. 8956			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Abo		Top Oil/Gas Pay 8886-8906		Tubing Depth			
Perforations					Depth Casing Shoe 8975			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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 Tank	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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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.

Consolidated Oil & Gas, Inc.

By: Floyd E. Ellison, Jr.
Signature
Floyd E. Ellison, Jr., Mgr Operations
Printed Name
August 30, 1990
Date
(303) 893-1225
Telephone No.

OIL CONSERVATION DIVISION

Date Approved 1990
By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.