

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

FILE	
U.S.G.C.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

1. Operator Consolidated Oil & Gas, Inc. Address 4150 East Mexico Avenue, Denver, Colorado 80226			Reason(s) for filing (Check proper box) New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/>	Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Other (Please explain) Change of Operator effective July 1, 1968. Neither ownership nor transporters have changed.
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If change of ownership give name and address of previous owner Southern Union Production Company, Fidelity Union Tower, Dallas, Texas 7520

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lovington State , Battery No. 2	Well No. 2	Pool Name, including Formation Midway Abo	Kind of Lease State, XXXXXXXXXX E-8563
Location Unit Letter: <u>N</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>9</u> , Township <u>17-S</u> Range <u>37-E</u> , NMEL, <u>Lea</u> 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"/> Texas-New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O.Box 1510, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Skelly Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1650, Tulsa, Oklahoma 74102
If well produces oil or liquids, give location of tanks. Unit <u>M</u> Sec. <u>9</u> Twp. <u>17S</u> Rge. <u>37E</u>	Is gas actually connected? <u>Yes</u> When <u>Unknown, but prior to January, 1965</u>

If this production is commingled with that from any other lease or pool, give commingling order number: Not commingled

IV. COMPLETION DATA

Designate Type of Completion - (X) <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v.	
Date Spudded Date Compl. Ready to Prod. Pool Name of Producing Formation Perforations	Total Depth Top Oil/Gas Pay Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT	

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Length of Test Actual Prod. During Test	Date of Test Tubing Pressure Oil-Bbls.	Producing Method (Flow, pump, gas lift, etc.) Casing Pressure Water-Bbls.	Choke Size Gas-MCF
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GAS WELL

Actual Prod. Test-MCF/D Testing Method (pitot, back pr.)	Length of Test Tubing Pressure	Bbls. Condensate/GAMCF Casing Pressure	Gravity of Condensate Choke Size
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VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

George A. Larkin
 (Signature)
 Production Accountant
 (Title)

OIL CONSERVATION COMMISSION

APPROVED 1968
 BY Leslie J. Clements
 TITLE

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 all wells able on new and recompleted wells.