

FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER OIL
GAS
OPERATOR
PRORATION OFFICE

AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

JUL 29 6 38 AM '69

Consolidated Oil & Gas, Inc.

4150 East Mexico Avenue, Denver, Colorado 80222

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of: Oil ☒ Dry Gas ☐
Reconveyance ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐

Other (Please explain)

Designation of Transporter has erroneously carried the name of the crude oil purchaser rather than correctly the Transporter.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Melissa Federal	Well No. 1	Pool Name, including Formation El Mar Delaware	Kind of Lease XXX Federal XXXX
Location Unit Letter A ; 660 Feet From The N Line and 660 Feet From The E Line of Section 25 , Township 26-S Range 32-E , 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"/> Texas-New Mexico Pipe Line 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 type="checkbox"/> or Dry Gas <input type="checkbox"/> Continental Oil Company	Address (Give address to which approved copy of this form is to be sent) Drawer 1267, Ponca City, Oklahoma
If well produces oil or liquids, give location of tanks. Unit A Sec. 25 Twp. 26-S Rge. 32-E	Is gas actually connected? Yes When November 1, 1961

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)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Pool	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
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)

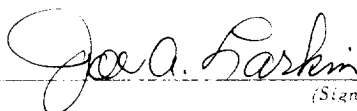
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

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

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.



Joe A. Larkin

Production Accountant

(Title)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

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 allowable on new and recompleted wells.