

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

Operator DUGAN PRODUCTION CORP.		Well API No. 30-045-26631
Address P.O. Box 420, Farmington, NM 87499		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		<input type="checkbox"/> Other (Please explain) Effective 5-1-90
If change of operator give name and address of previous operator _____		

II. DESCRIPTION OF WELL AND LEASE

Lease Name St. Louis	Well No. 12	Pool Name, Including Formation South Bisti Gallup	Kind of Lease State, Federal or Fee	Lease No. N00-C-14-20-
Location Unit Letter C : 330 Feet From The North Line and 2310 Feet From The West Line	Nav. Allotted 7313			
Section 9 Township 23N Range 10W , NMPM San Juan 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"/> Giant Refining Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 256, Farmington, NM 87499	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Dugan Production Corp. (no change)	Address (Give address to which approved copy of this form is to be sent) P.O. Box 420, Farmington, NM 87499	
If well produces oil or liquids, give location of tanks.	Unit C Sec 9 Twp 23N Rge 10W	Is gas actually connected? yes When? 3-31-86

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'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	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 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

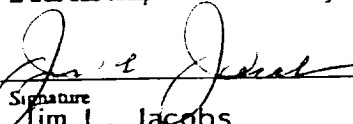
RECEIVED
APR 27 1990

GAS WELL

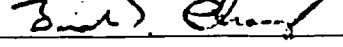
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.


Signature
Jim L. Jacobs Geologist
Printed Name
4-26-90 Title
Date
325-1821 Telephone No.

OIL CONSERVATION DIVISION

Date Approved **APR 27 1990**By 
SUPERVISOR DISTRICT #3
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.

RECEIVED

FEDERAL BUREAU OF INVESTIGATION

U.S. DEPARTMENT OF JUSTICE

MAY 1968

DIVISION OF IDENTIFICATION

LABORATORY

WASHINGTON, D.C.

REPORT NO. 100-100000-100000

DATE RECEIVED MAY 1968

BY MAIL

FROM THE DIRECTOR

TO THE CHIEF OF BUREAU

FOR INFORMATION

OF THE DIVISION

AND THE LABORATORY

ON THE MATTER OF

THE IDENTIFICATION

OF THE REMAINS

OF THE VICTIM

IN THE CASE OF

THE MURDER OF

JAMES EARL RAY

AT MEMPHIS, TENNESSEE

APRIL FOUR, SIXTYEIGHT

THE FOLLOWING IS A SUMMARY

OF THE RESULTS OF THE

IDENTIFICATION TESTS:

THE REMAINS WERE IDENTIFIED

AS BEING THOSE OF THE VICTIM

BY MEANS OF THE FOLLOWING TESTS:

ANTHROPOLOGICAL EXAMINATION

DENTAL EXAMINATION

FOOTPRINT EXAMINATION

HAIR ANALYSIS

HANDWRITING EXAMINATION

SCAR AND TATTOO EXAMINATION

SKETCHES OF THE VICTIM

WOUND EXAMINATION

X-RAY EXAMINATION

ZINC FINGERPRINT EXAMINATION

OTHER TESTS AS REQUIRED

THE RESULTS OF THESE TESTS

ARE AS FOLLOWS:

ANTHROPOLOGICAL EXAMINATION

THE REMAINS WERE FOUND TO BE

THOSE OF A WHITE MALE

ABOUT FORTY YEARS OLD

WITH A BUILDUP OF ABOUT FIVE FEET SEVEN INCHES

WEIGHING ABOUT ONE HUNDRED POUNDS

DENTAL EXAMINATION

THE REMAINS WERE FOUND TO BE

THOSE OF A PERSON WHO HAD

UNDERGONE DENTAL WORK

INCLUDING THE PLACEMENT OF

A BRIDGE OVER THE UPPER FRONT TEETH

AND THE REPLACEMENT OF TWO LOWER FRONT TEETH

FOOTPRINT EXAMINATION

THE REMAINS WERE FOUND TO BE

THOSE OF A PERSON WHO WALKED

WITH A SLIGHTLY UNBALANCED GAIT

HAIR ANALYSIS

THE REMAINS WERE FOUND TO BE

THOSE OF A PERSON WHOSE HAIR

CONTAINED A HIGH PERCENTAGE OF

NICOTINE TARTRATE

HANDWRITING EXAMINATION

THE REMAINS WERE FOUND TO BE

THOSE OF A PERSON WHOSE HANDWRITING

WAS CHARACTERIZED BY A

SLIGHTLY SHARP POINTED CURVE

SCAR AND TATTOO EXAMINATION

THE REMAINS WERE FOUND TO BE

THOSE OF A PERSON WHO HAD

A SCAR ON HIS LEFT FOREARM

AND A TATTOO ON HIS RIGHT FOREARM

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WERE IDENTICAL TO THE SKETCHES

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