

NEW MEXICO OIL CONSERVATION COMMISSION

P. O. BOX 871
SANTA FE, NEW MEXICO

GAS SUPPLEMENT NO. (NW) (~~351~~ **ST 2356**) DATE **May 12, 1961**

NOTICE OF WELL CONNECTION OR AUTHORITY TO ASSIGN ALLOWABLE ALL VOLUMES EXPRESSED IN MCF

The operator of the following well has complied with all the requirements of the Oil Conservation Commission and may be assigned an allowable as shown below.

Date of Connection _____ Date of ~~Assignment~~ or Allowable Change **2-1-61**
Purchaser **EPNG** Pool **SOUTH MEXICAN BLANCO P.C.**
Operator **NEW SKELLY OIL CO.** Lease **ANDERSON B**
Well No. **1** Unit Letter **M** Sec. **33** Twp. **25** Rnge. **3**
Dedicated Acreage _____ Revised Acreage _____ Difference _____
Acreage Factor **1.00** Revised Acreage Factor _____ Difference _____
Deliverability **82** Revised Deliverability _____ Difference _____
A x D Factor **82** Revised A x D Factor _____ Difference _____

ORIGINAL SIGNED

**RECLASSIFIED: NON MARGINAL TO
EXEMPT MARGINAL**

BY **FRED MARES**
SUPERVISOR, DISTRICT
GAS PRORATION SECTION

RECALCULATION OF SUPPLEMENTAL ALLOWABLE

MONTH	% OF MO.	ALLOWABLE DIFFERENCE	MONTH	% OF MO.	ALLOWABLE DIFFERENCE
JANUARY			JULY		
FEBRUARY			AUGUST		
MARCH			SEPTEMBER		
APRIL	1.0000	- 13618	OCTOBER		
MAY		- 1106	NOVEMBER		
JUNE			DECEMBER		

TOTAL AMOUNT OF (Cancelled or ~~Assignment~~) ALLOWABLE **- 15024**

PREVIOUS **APRIL** MONTH NET ALLOW. **13618** REVISED **APRIL** MONTH NET ALLOW. **MARGINAL**

PREVIOUS **MAY** MONTH CURRENT ALLOW. **1106** REVISED **MAY** MONTH CURRENT ALLOW. **MARGINAL**

EFFECTIVE IN THE **JUNE** MONTH PRORATION SCHEDULE.

REMARKS: **All previous non-marginal states cancelled. Marginal allocation based on highest production reported in previous proration period, (1206). This well need not be tested until such time as it should begin to produce in excess of 1500 MCF/Mo. for two consecutive months. NOTICE OF SHUT-IN**

The following described well has been Shut-in for Failure of Compliance:

Purchaser _____ Pool _____ Date _____
Operator _____ Lease _____
Well No. _____ Unit Letter _____ Sec. _____ Twp. _____ Rnge. _____
Effective date of Shut-in _____ Reason for Shut-In _____

A. L. PORTER, Jr., Director

By _____

ORIGINAL SIGNED

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASForm C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	2
PRORATION OFFICE	

Operator Dugan Production Corp.	
Address Box 234, Farmington, N. M. 87401	
Reason(s) for filing (Check proper box)	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 Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Effective Aug. 1, 1970	

If change of ownership give name and address of previous owner Skelly Oil Company, Box 1650, Tulsa, Oklahoma

II. DESCRIPTION OF WELL AND LEASE

Lease Name Anderson "B"	Well No. 1	Pool Name, Including Formation S. Blanco PC	Kind of Lease State, Federal or Fee	Lease No. Fed. NM 06855
Location Unit Letter M ; 990 Feet From The south Line and 1190 Feet From The west				
Line of Section 33 Township 25N Range 3W , NMPM, 88 Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
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)	
El Paso Natural Gas Co.	Box 990, Farmington, N. M. 87401	
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 33
	Twp. 25N	Rge. 3W
	Is gas actually connected? Yes	

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 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/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	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.

Original signed by T. A. Dugan

Operator

9/22/70

OIL CONSERVATION COMMISSION

APPROVED SEP 23 1970

By Original Signed by Emery C. Arnold

TITLE SUPERVISOR DIST. #8

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.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.