

NO. OF PRODUCTIONS	
DISTRIBUTION	
SANTA FE	
FILE	
LEADS	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
VACATION OFFICE	
Operator	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Dugan Production Corp.

Address P.O. Box 208, Farmington, NM 87401

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☒

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Effective Date January 1, 1981

If change of ownership give name
and address of previous ownerDamson Oil Corporation; 260 North Belt East, P.O. Box 4391
Houston, TX 77210

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Boulder Mancos	#2	Boulder Mancos	Jicarilla Apache State, Federal or Free Tribal	NM 3435
Location				
Unit Letter	E	1750 Feet From The North Line and 560 Feet From The West		
Line of Section	23	Township 28 N	Range 1 W	County NMPM, Rio Arriba

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Shell Oil Company	P.O. Box 20329, Houston, TX 77025
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
N/A	N/A
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Temporarily Abandoned	N/A N/A
If this production is commingled with that from any other lease or pool, give commingling order number:	N/A

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, R&B, RT, CR, 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

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 681
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF 3

GAS WELL

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

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.

OIL CONSERVATION DIVISION

MAY 6, 1981

APPROVED

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT #3

This form is to be filled 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 device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all able 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.

Tommy Roberts

Attorney-in-Fact

May 5, 1981