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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|--|---|
| Operator Pioneer Production Corp. | |
| Address P O Box 208, Farmington, NM 87401 | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of: |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |

If change of ownership give name and address of previous owner _____

| | | |
|--|-----------------|---|
| DESCRIPTION OF WELL AND LEASE | | Lease No. |
| Lease Name Dustin | Well No. 1E | Pool Name, Including Formation Undesignated Chacra |
| Kind of Lease State, Federal or Fee | | Fee |
| Location | | |
| Unit Letter J | 1850 | Feet From The South Line and 1520 Feet From The East |
| Line of Section 6 | Township 29N | Range 12W |
| , NMPM, | | San Juan County |

| | | | |
|--|-------------------------|--|-----------------------------------|
| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | Address (Give address to which approved copy of this form is to be sent) | |
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> | Thriftway | P O Box 1367, Farmington, NM 87401 | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | E1 Paso Natural Gas Co. | P O Box 990, Farmington, NM 87401 | |
| If well produces oil or liquids, give location of tanks. | Unit J | Sec. 6 | Twp. 29N |
| | | Rge. 12W | Is gas actually connected? Yes |
| | | | When 7-8-81 |

If this production is commingled with that from any other lease or pool, give commingling order number: NMOCD Order #R-6652

| | | | | | | | | | |
|---|---------------------------------------|-------------------------|----------|--------------------------------|----------|--------|-----------|-------------|------------|
| COMPLETION DATA | | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res' |
| Designate Type of Completion - (X) | | | XX | XX | | | | | |
| Date Spudded 1-12-81 | Date Compl. Ready to Prod. 2-21-81 | Total Depth 6297' | | P.B.T.D. 6262' | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 6250' | Name of Producing Formation Chacra | Top Oil/Gas Pay 2586 | | Tubing Depth 5959' RKB | | | | | |
| Perforations 6073-6181 (Dakota) and 2586-2684 (Chacra) | | | | Depth Casing Shoe 6299' RKB | | | | | |

| | | | |
|--------------------------------------|----------------------|-----------|-------------------------|
| TUBING, CASING, AND CEMENTING RECORD | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 12-1/4" | 8-5/8" | 423' | 275 sx class B, 2% CaCl |
| 7-7/8" | 4-1/2" | 6299' RKB | 225 sx class H 1st stg |
| | 1 1/2" | 5959' RKB | 2942 cu ft. 2nd stg |

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. | Gal-MCF |

| | | | |
|---|-----------------------------------|----------------------------------|-----------------------|
| GAS WELL | | Bbls. Condensate/MMCF | Gravity of Condensate |
| Actual Prod. Test-MCF/D 485 | Length of Test 8 hrs | 1.68 bbls. | |
| Testing Method (pilot, back pr.) back pressure | Tubing Pressure (shut-in) 1150 | Casing Pressure (shut-in) 850 | Choke Size 1" |

VI. 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
Agent
(Title)
7-9-81

APPROVED _____, 19____
BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT # 3
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 deviate 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.

