dugan production corp.

December 11, 1979

New Mexico Oil Conservation Division
1000 Rio Brazos Road
Aztec, NM 87410

Re: Bruce Anderson
Federal #2
1570' FSL - 1000' FEL
Sec 30 T31N R13W
San Juan County, NM

Gentlemen:

This is to certify that deviation tests were run on the captioned well and the following is a true report of those tests:

1/2° @ 729'	1° @ 3442'	1° @ 5669'
3/4° @ 1729'	1° @ 3950'	1° @ 6178'
1/2° @ 1931'	1° @ 4437'	1-1/4° @ 6460'
1/2° @ 2435'	1° @ 4911'	
1° @ 2953'	3/4° @ 5185'	

Sincerely,

T. A. Dugan

Thomas A. Dugan
Agent

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DIST. 3

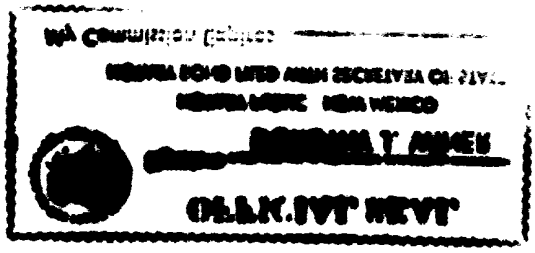
State of New Mexico)
County of San Juan) ss

Subscribed and sworn to before me this 11 day of December, 19 79.

Dorothy J. Winer
Notary Public

My commission expires November 5, 1982

OFFICIAL SEAL
Dorothy J. Winer
DOROTHY J. WINER
NOTARY PUBLIC - NEW MEXICO
NOTARY BOND FILED WITH SECRETARY OF STATE
My Commission Expires



Form 9-330
(Rev. 5-63)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE* (See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

5. LEASE DESIGNATION AND SERIAL NO.: NM 053798

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other

b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other

7. UNIT AGREEMENT NAME:

8. FARM OR LEASE NAME: Federal

2. NAME OF OPERATOR: Bruce Anderson

9. WELL NO.: #2

3. ADDRESS OF OPERATOR: Box 208, Farmington, NM 87401

10. FIELD AND POOL, OR WILDCAT: Basin Dakota

4. LOCATION OF WELL (*Report location clearly and in accordance with any State requirements*)*
At surface: 1570' FSL - 1000' FEL
At top prod. interval reported below
At total depth

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA: Sec 30 T31N R13W

14. PERMIT NO. | DATE ISSUED

12. COUNTY OR PARISH: San Juan | 13. STATE: NM

15. DATE SPUDDED	16. DATE T.D. REACHED	17. DATE COMPL. (*Ready to prod.*)	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*	19. ELEV. CASINGHEAD
10-24-79	11-03-79	11-27-79	5657' GR	

20. TOTAL DEPTH, MD & TVD	21. PLUG, BACK T.D., MD & TVD	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY	ROTARY TOOLS	CABLE TOOLS
6460'	6391'	Single - Gas	→	0-TD	

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*: 6210-6356 Basin Dakota

25. WAS DIRECTIONAL SURVEY MADE: Yes

26. TYPE ELECTRIC AND OTHER LOGS RUN: GO Wireline IES and CDL logs

27. WAS WELL CORED: No

28. CASING RECORD (*Report all strings set in well*)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8-5/8"	24#	203' RKB	12-1/4"	150 sx	---
4-1/2"	10.5#	6450' RKB	7-7/8"	325 sx 1st stage	
				500 sx 2nd stage	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
1-1/2"	6343' RKB	

31. PERFORATION RECORD (*Interval, size and number*)
6210-6232, 6288-6294, 6297-6301, 6348-6356

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
	See Sundry Notice 11-21-79 for detailed info

33.* PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (*Flowing, gas lift, pumping—size and type of pump*)	WELL STATUS (*Producing or shut-in*)
	Flowing	SI

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD →	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
12-5-79	3 hrs	3/4"			3415 AOF		

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE →	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
1960 SI	1970 SI			2776		

34. DISPOSITION OF GAS (*Sold, used for fuel, vented, etc.*)

TEST WITNESSED BY

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED T. A. Dugan Thomas A. Dugan TITLE Agent DATE 12-11-79

*(See Instructions and Spaces for Additional Data on Reverse Side)

NMOCC

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DEC 13 1979
OIL CON. COM.
DIST. 3

FARMINGTON, NEW MEXICO
BY WS

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "*Sacks Cement*": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES:
SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.

38. GEOLOGIC MARKERS

NAME	TOP	
	MEAS. DEPTH	TRUE VERT. DEPTH
Log Tops		
Fruitland	1140'	
Pictured Cliffs	1588'	
Lewis	1729'	
Cliff House	3197'	
Menefee	3353'	
Point Lookout	3991'	
Mancos	4288'	
Gallup	5322'	
Greenhorn	6082'	
Graneros	6154'	
Dakota	6208'	

U.S. GOVERNMENT PRINTING OFFICE: 1963—O-683636
GPO 837-497

4-NMOCD 1-Anderson 1-Beard Oil 1-File

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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

API 30-045-23619

I.

Operator: Bruce Anderson

Address: Box 208, Farmington, NM 87401

Reason(s) for filing *(Check proper box)*: New Well [X]; Recompletion [ ]; Change in Ownership [ ]; Change in Transporter of: Oil [ ], Dry Gas [ ], Casinghead Gas [ ], Condensate [ ]

Other *(Please explain)*:

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
Federal	2	Basin Dakota	Fed	NM 053798

Location: Unit Letter I : 1570 Feet From The South Line and 1000 Feet From The East

Line of Section 30 Township 31N Range 13W, NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]: Inland Corporation	Address *(Give address to which approved copy of this form is to be sent)*: Box 1528, Farmington, NM 87401
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]: El Paso Natural Gas Co.	Address *(Give address to which approved copy of this form is to be sent)*: Box 990, Farmington, NM 87401

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					No	

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.
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
10-24-79	11-27-79	6460'	6391'
Elevations *(DF, RKB, RT, GR, etc.)*	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
5657' GR	Basin Dakota	6210	6343' RKB
			Depth Casing Shoe

Perforations: 6210-6232, 6288-6294, 6297-6301, 6348=6356

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	203' RKB	150 sx
7-7/8"	4-1/2"	6450' RKB	325 sx 1st
			500 sx 2nd
	1-1/4"	6343' RKB	stage

V. TEST DATA AND REQUEST FOR ALLOWABLE *(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)*

OIL WELL

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

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GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
2776	3 hrs	- -	- -
Testing Method *(pitot, back pr.)*	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
Back Pressure	1960 SI	1970 SI	3/4"

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.

T. A. Dugan

Thomas A. Dugan *(Signature)*
Agent *(Title)*
12-11-79 *(Date)*

OIL CONSERVATION COMMISSION

APPROVED JAN 9 1980, 19____

BY Original Signed by FRANK T. CHAVEZ

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3

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.