5 NMOCD 1 File State of New Mexico Submit 5 Copies
Appropriate District Office Energy, Minerals and Natural Resources Department Indeructions P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION ECE! at Bottlem of Page NOV 0 2 1989 P.O. Drawer DD, Anena, NM 88210 Santa Fe, New Mexico 87504-2088 1000 Ruo Brazos Rd., Aztec, NM 87410 TO TRANSPORT OIL AND NATURAL GAS Well API No DIST. Operator DUGAN PRODUCTION CORP. 30-045-057940001 P.O. Box 420, Farmington, NM 87499 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change of Ownership effective 9-1-89 Change in Transporter of: Dry Gas Recompletion Change of Operator effective 11-1-89 Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator Chevron U.S.A. Inc., P.O. Box 599, Denver, CO 80201 II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation 107 Risti Lower Cally Kind of Lease Lease No. West Bisti Unit Bisti Lower Gallup State (Federal) or Fee NM 013492 Location 1320 1980 Feet From The North Line and East Unit Letter Feet From The Line 19 26N 13W Township Range NMPM. San Juan County III. 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) XX Ciniza Pipeline Inc. P.O. Box 1887, Bloomfield, NM 87413 Name of Authorized Transporter of Casinghead Gas XXor Dry Gas Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas Co. P.O. Box 1492, El Paso, Texas 79978 If well produces oil or liquids, Unut Sec When? Twp. Rge. Is gas actually connected? give location of tanks. LC 13W 35 26N yes no If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res v | Diff Res v Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Top Oil Gas Pay Name of Producing Formation 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 Casing Pressure Choke Size Tubing Pressure Actual Prod. During Test Gas- MCF Oil - Bbis. Water - Bbls. **GAS WELL** Actual Prod. Test - MCF/D Gravity of Condensate Length of Test Bbls. Condensate/MMCF Testing Method (pitot, back pr.) Tubing Pressure (Shut-m) Casing Pressure (Shut-in) Choke Size **VL** OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above NOV 02 1989 is true and complete to the best of my knowledge and belief. Date Approved ょ〉 Signature Jm L. Jacobs Vice-President

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Frinted Name

10-30-89

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title_

SUPERVISOR DISTRICT #3

2) All sections of this form must be filled out for allowable on new and recompleted wells.

325-1821 Telephone No.

Title

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.