STATE OF NEW MEXICO NERGY AND MINERALS DEPARTMENT

RGY AND MINER	ALS C	IEPA	HII
	1740		
DISTRIBUTION			
BANTA FE			
PILE			
U.S.G.S.		!	
LAND OFFICE		!	<u> </u>
TRANSPORTER	OIL	<u> </u>	_
	GAS	\mathbf{L}_{-}	
OPERATOR		<u> </u>	

OIL CONSERVATION DIVISION P. O. BOX 2088

1.		P, O, BO				
Ļ	DISTRIBUTION	SANTA FE, NEW	MEXICO 87501			
-						
- 1	ILE					
ł	LAND OFFICE	REQUEST FOR ALLOWABLE				
- 1	OIL	AN				
ı	TRANSPORTER GAS	AUTHORIZATION TO TRANSP	ORT OIL AND NATURAL GAS			
ŀ	OPERATOR	AUTHORIZATION TO TRAISS	OR 1 OIC 7112 THE CO			
E.	PROBATION OFFICE					
	Operator					
1	· Dugan Prod	duction Corp.				
- 1			0.7			
	P O Box 2	208, Farmington, NM 874	01			
ı			Other (Please explain)			
	Reason(s) for filing (Check proper box)	Towns of	•			
1	New Well	Change in Transporter of:				
	Recompletion	Cil Dry Gai	<u> </u>			
	Change in Ownership X	Casinghead Gas Conden		1003		
	Change in Owner ship.		260 North Belt East, P.	0. Box 4391		
	If change of ownership give name		Houston, TX 77210			
	and address of previous owner	amson Oil Corporation:	Houseons In Freis			
		•		·		
_	DESCRIPTION OF WELL AND L	EASE	Kind of Lease	Jicarilla Apache Lease No.		
E .	Lease Name	Well No. Pool Name, Including Fo	ormation Sadara	or Fee Tribal NM 3435		
	•	#10 Boulder Mancos	State, rederd	orres [ribal Mi 3433		
	Boulder Mancos Lease	1#10 DOUTGET FRANCES				
	Location	C = . + b	e and 2310 Feet From 7	East		
	0 . 330	Feet From The South Lin	e andFeet Floir	•		
	Unit Letter;			County		
	Line of Section 23 Town	nship 28N Range	1W , ммрм,Rio Arrit	Ja		
	Line of Section 23 16w					
		OF AND NATURAL GA	·s			
π.	DESIGNATION OF TRANSPORT	or Condensate	Address (Give address to which appro	yed copy of this form is to be sent)		
	Name of Authorized Transporter of Oil	or Condensate	In a Boy 20329 Houston	. TX - 77025		
	Shell Oil Company		Address (Give address to which appro-	ued copy of this form is to be sent)		
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	,	, ca cop, c, c		
	I.		N/A			
	N/A	Unit Sec. Twp. Rge.	Is gas actually connected? Wh			
	If well produces oil or liquids,	0	N/A !	N/A		
	1 of torks		<u> </u>			
	If this production is commingled wit	b that from any other lease or pool,	give commingling order number:	N/A		
	If this production is commingled wit	n that from any contract		Plug Back Same Res'v. Diff. Res!		
IV	. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	blind Back Same Lies at		
	Designate Type of Completio	n = (X)				
	Designate Type of Compress	1 2 2	Total Depth	P.B.T.D.		
	Date Spudded	Date Compl. Ready to Prod.	1.0			
				Tubing Depth		
	Elevations (DF, RKB, KT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			
	Elevations (Dr. AAB, A1, OA, titt)					
				Depth Casing Shoe		
	Perforations					
	DECORP.					
	_					
		TUBING, CASING, AN	D CEMENTING RECORD	SACKS CEMENT		
			DEPTH SET	SACKS CEMENT		
	HOLE SIZE	TUBING, CASING, AN	DEPTH SET	SACKS CEMENT		
-	HOLE SIZE		DEPTH SET	SACKS CEMENT		
-	HOLE SIZE		DEPTH SET	SACKS CEMENT		
-	HOLE SIZE		DEPTH SET	SACKS CEMENT		
-		CASING & TUBING SIZE	DEPTHSET	<u>.</u>		
-		CASING & TUBING SIZE	DEPTHSET	<u>.</u>		
-	7. TEST DATA AND REQUEST F	CASING & TUBING SIZE	after recovery of total volume of load oil	l and must be equal to or exceed top allc		
-	7. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be able for this c	DEPTHSET	l and must be equal to or exceed top allc		
-	7. TEST DATA AND REQUEST F	CASING & TUBING SIZE	after recovery of total volume of load oil	l and must be equal to or exceed top allc		
-	7. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be able for this c	after recovery of total volume of load of itepth or be for full 24 hours) Producing Method (Flow, pump, gas	l and must be equal to or exceed top allc		
-	7. TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks	OR ALLOWABLE (Test must be able for this c	after recovery of total volume of load oil	l and must be equal to or exceed top allc		
	7. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be able for this c	after recovery of total volume of load of liepth or be for full 24 hours) Producing Method (Flow, pump, gas Casing Pressure	and must be equal to or exceed top alic		
-	7. TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks Length of Test	OR ALLOWABLE (Test must be able for this c	after recovery of total volume of load of liepth or be for full 24 hours) Producing Method (Flow, pump, gas Casing Pressure	and must be equal to or exceed top alic		
-	7. TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks	OR ALLOWABLE (Test must be able for this of Tubing Pressure	ofter recovery of total volume of load of itepth or be for full 24 hours) Producing Method (Flow, pump, gas Casing Pressure Water-Bbis.	I and must be equal to or exceed top allowing the choice Size 20 APR 29 1981		
-	7. TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks Length of Test	OR ALLOWABLE (Test must be able for this of Tubing Pressure	ofter recovery of total volume of load of itepth or be for full 24 hours) Producing Method (Flow, pump, gas Casing Pressure Water-Bbis.	APR 29 1981 CON. COM.		
-	7. TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks Length of Test	OR ALLOWABLE (Test must be able for this of Tubing Pressure	ofter recovery of total volume of load of itepth or be for full 24 hours) Producing Method (Flow, pump, gas Casing Pressure Water-Bbis.	Chois Size 20 APR 29 1981 IL CON. COM. DIST. 3		
-	7. TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test	OR ALLOWABLE (Test must be able for this of Tubing Pressure	ofter recovery of total volume of load of iter to be for full 24 hours) Producing Method (Flow, pump, gas) Casing Pressure Water-Bbis.	I and must be equal to or exceed top allowing the choice Size 20 APR 29 1981		
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	TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D Testing Method (pirot, back pr.) T. CERTIFICATE OF COMPLIAN I hereby certify that the rules and Division have been compiled wit above is true and complete to the complete to	CASING & TUBING SIZE OR ALLOWABLE (Test must be able for this of the control of	DEPTH SET after recovery of total volume of load of itepth or be for full 24 hows) Producing Method (Flow, pump, gas of the form is to be filled in act taken on the well	Choke Size Choke Size A PR 29 1981 Choke Size Choke Size Choke Size ATION DIVISION by FRANK T. CHAVEZ In compliance with MULE 1104. It conducts with MULE 1114.		
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	Test Data and Request F Oil Well Date First New Oil Run To Tanks Length of Test Actual Prod. During Test Gas Well Actual Prod. Test-MCF/D Testing Method (pirot, back pr.) T. CERTIFICATE OF COMPLIAN I hereby certify that the rules and Division have been complied wit above is true and complete to the Tommy Roberts Sig Attorney- (1)	CASING & TUBING SIZE OR ALLOWABLE (Test must be able for this of the for this of the collaboration of the Oil Conservation that the information given the best of my knowledge and belief the collaboration.)	DEPTH SET after recovery of total volume of load of itepth or be for full 24 hows) Producing Method (Flow, pump, gas of the form of the form is to be filed in the form must be accompleted for new and recompleted Fill out only Sections 1.	Choke Size Choke Size APR 29 1981 IL CON. COM. DIST. 3 Gravity of Condensate Choke Size ATION DIVISION by FRANK T. HAVEZ In compliance with RULE 1104. It is a tabulation of the deviation of the deviat		

VERGY MINERALS DEPARTMENT OIL CONSERVATION

OIL CONSERVATION DIVISION

DISTRIBUTION	P, O. BOX 2088 SANTA FE, NEW MEXICO 87501				
file	SANTA FE, NE	W MEXICO 87301			
LANC OFFICE	DECUEST FOR ALLOWARIE				
TRANSPORTER GAS	REQUEST FOR ALLOWABLE				
OPERATOR PAGRATION OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
DUGAN PRODUCTION	N CORP.	•			
P. O. BOX 208, I	FARMINGTON NM				
Reason(s) for filing (Check proper		Other (Please explain)			
New Well	Change in Transporter of:	555 1: - 5/3	402		
Recompletion	Cii X Dry Go	Ħ l	/82		
Change in Ownership	Casinghead Gas Conde	nadre 🔲			
If change of ownership give name and address of previous owner	•				
DESCRIPTION OF WELL AN	D LEASE. Well No. Pool Name, Including F	ormation Kind of Le	ase ligarilla Lease No.		
Boulder	6 Boulder M	6 5.4	Jicarilla Lease No. eral or Fee Apache :NM 3435		
Location			ll		
Unit Letter K :;	1980 Feet From The South Lir	ne and 1650 Feet Fro	m The West		
Line of Section 23	Township 28N Range	TW , NMPM, Ri	o Arriba County		
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	AS	proved copy of this form is to be sent)		
Nome of Authorized Transporter of					
CINIZA PIPELINE.	, INC. Casinghead Gas or Dry Gas	P. O. BOX 20329, HOUS Address (Give address to which app	proved copy of this form is to be sent)		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. C 23 28N 1W	Is gas actually connected?	When		
If this production is commingled COMPLETION DATA	with that from any other lease or pool,	give commingling order number:			
Designate Type of Comple	tion - (X)	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.		
			Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Oll/Gas Pay	Tubing Beptin		
Perforations	1		Depth Casing Shoe		
	TUBING, CASING, AND	CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
			i		
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a phle for this de	fier recovery of total volume of load o pth or be for full 24 hours)	ill and must be equal to the seed top allow-		
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)		
		Casing Pressure	Chok Size		
Length of Test	Tubing Pressure	Cusing Pressure	JUN 2 2 1982		
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-ACOIL CON. COM.		
			DIST. 3		
GAS WELL					
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Tubing Pressure (Shnt-in)	Casing Pressure (Shut-in)	Choke Size		
Testing Method (pirot, back pr.)	Tabling Freeze (Billie-12)				
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 is true and complete to the best of my knowledge and belief.		APPROVED Signed by CHARLES GHOLSON JUN. 22 1982			
		DEPUTY OIL & GAS INSPECTOR, DIST. #3			
		11166			
		This form is to be filed in	n compliance with MULE 1104.		
7.7.10	(notwe)	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			
	GAN/PRESIDENT	tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-			
(Title)	able on new and recompleted	wells,		
JUNE	18, 1982	Fill out only Sections I.	II. III, and VI for changes of owner, orter or other such change of condition.		

(Date)

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