

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator \_\_\_\_\_

Address \_\_\_\_\_  
Dugan Production Corp.  
P.O. Box 208, Farmington, NM 87401

Reason(s) for filing (Check proper box) \_\_\_\_\_ Other (Please explain) \_\_\_\_\_

New Well ☐ Change in Transporter of: \_\_\_\_\_  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

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

2. DESCRIPTION OF WELL AND LEASE

Lease Name Boulder Mancos Lease	Well No. #3	Pool Name, Including Formation Boulder Mancos	Kind of Lease Jicarilla Apache Tribal	Lease No. NM 3435
Location Unit Letter <u>M</u> : <u>330</u> Feet From The <u>South</u> Line and <u>390</u> Feet From The <u>West</u>				
Line of Section <u>23</u> Township <u>28 N</u> Range <u>1 W</u> , NMPM, <u>Rio Arriba</u> County				

3. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Oil Company	Address (Give address to which approved copy of this form is to be sent) 1910 Millers P.O. Box 20329, Houston, TX 77025
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> N/A	Address (Give address to which approved copy of this form is to be sent) N/A
If well produces oil or liquids, give location of tanks. Unit <u>C</u> Sec. <u>23</u> Twp. <u>28N</u> Rge. <u>1 W</u>	Is gas actually connected? <u>N/A</u> When <u>N/A</u>

If this production is commingled with that from any other lease or pool, give commingling order number: N/A

4. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, kT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

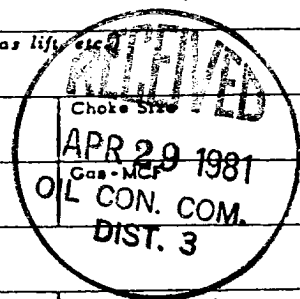
TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

5. 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
Actual Prod. During Test	Oil-Bbla.	Water-Bbla.



GAS WELL

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

6. 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.

Tommy Roberts  
Tommy Roberts (Signature)  
Attorney-in-Fact (Title)  
April 29, 1981  
(Date)

OIL CONSERVATION DIVISION

APPROVED APR 29 1981, 19\_\_\_\_  
BY \_\_\_\_\_  
Original Signed by \_\_\_\_\_  
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 deepen well, this form must be accompanied by a tabulation of the deviatil 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.  
Separate Forms C-104 must be filled for each pool in multiple