5 NMOCD

Submit 5 Cornes
Appropriate District Office
DISTPICT J
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Ariesia, NM 88210

DISTRICT III

1000 Ruo Brazos Rd., Azzec, NM 87410

1 File

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-1(4) Revised 1-1-89 See Instructions at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator				-		Well	API No.			
DUGAN PRODUC	TION CORP.									
Address										
P.O. Box 420, F		8749	9		····	<u></u>				
Reason(s) for Filing (Check proper			_		hes (Please exp	lain)				
New Well			nsporter of:	(	handa of	Cac To	ancoonto	<b>v</b>		
Recompletion Oil Dry Gas Change of Gas Tran  Change in Operator Casinghead Gas X Condensate Effective 2-1-90								I.		
Change in Operator    If change of operator give name	Catanghead Gar	X X Co	ndensate []			2-1-90				
and address of previous operator										
IL DESCRIPTION OF W			·							
Lease Name							Kind of Lease State Federalyor Fee		Lease No.	
Sapp C		2	Lybrook (	Gallup		34216	Telefall I'e	ISF 08	0230	
Location	660			11 m L la	220					
Unit Lener D	<u> </u>	Fee	t From The _	North Lin	e and _330	F	eet From The	West	Line	
Section 5 To	ownship 23N	Rai	age 7W	N	мрм, Б	Rio Arri	ha		County	
Section 1	<u> </u>		7.0		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7.111	<u> </u>			
III. DESIGNATION OF T			AND NATU			<del></del>		<del></del>		
Name of Authorized Transporter of	(AA) / .	ondensate		i	e address to w				eni)	
Giant Refining Ir		<del></del>			ox 256, F					
Name of Authorized Transporter of	<del></del>	χi or L	Эту Сал 🗔		e adáress to w					
Bannon Energy Inc  If well produces oil or liquids,	Unit Sec.	Tw	n l Pas	3934 FM   Is gas actuali	1960 We	St. Sull When		Houston.	<u> </u>	
give location of tanks.	1.	ID 15 123N 17W			у сишески.	•	: 2 <b>7-8</b> 3			
I this production is commingled wit				Yes	DET.					
IV. COMPLETION DATA	1									
Designate Type of Comple		Well	Gas Well	New Well	Workover	Dеереп	Plug Back	Same Res v	Diff Res'v	
Date Spudded	Date Compl. Rea	dy to Proc		Total Depth		1	P.B.T.D.	l		
Date Spooled	Dat Comp. Re	., w 110	•				P.B. L.D.			
Devations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
					10.55005					
			SING AND	CEMENTI		D		4.040.051.0		
HOLE SIZE	CASING	& TUBING	SIZE		DEPTH SET		:	SACKS CEMI	<u>=N1</u>	
				!			<u>:</u>		<del></del>	
				!			<u>.                                    </u>			
							!			
. TEST DATA AND REQ	UEST FOR ALLO	WABL	E							
	ther recovery of total volt			be equal to or	exceed top allo	wable for this	depth or be for	or full 24 hour	·3.)	
Date First New Oil Run To Tank	Date of Test			Producing Me	thod (Flow, pu	mp, gas lift, e	ic.)			
	<u> </u>					-				
ength of Test	Tubing Pressure		i	Casing Pressu	T	nes	Por Ve			
				771 . 7511			Gas- MCF			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.	U	MAY	07 1990			
	mai y t loco									
GAS WELL					- 0 (CT	OIL C	ON. DI			
uctual Prod. Test - MCF/D	1 Test - MCF/D Length of Test			Bbls. Condens	ate/MMCF	2	Gravity of Co	onden sate	•.	
	Tubing Pressure (Shur-m)			Cating Pressu	r (Shirtan)		Choke Size			
esting Method (puot, back pr.)	Tobing Treasure (c	<b></b>		Caring Freeze	c (Street Ing.		CHOCK SILL			
L OPERATOR CERTI	EICATE OF COM	ADT TA	NICE							
			INCE		IL CON	SERVA	TION E	DIVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation  Division have been compiled with and that the information given above										
is true and complete to the best of				Date	Approved	, ₩	AY 07 19	990		
				Date	Apploved					
no film	<u></u>			D		3.	) d.			
Signature lacoba	SUPERVISOR DISTRICT #3									
Jim L. Jacob's Geologist Proped Name Title						SUPERV	ISOR DIS	TRICT #3	<del>)</del>	
5-2-90		тше 375–19	,,,	Title_			· · · · · · · · · · · · · · · · · · ·	<del></del>		
Date		3.25=13 Telepoone		1	4					
				!						

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

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

over which is the first a fled for each of manifold constitutively

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

MAYOT 1990 OIL CON. DIV DIST. 3