

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

3110/N

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

DUGAN PRODUCTION CORP.

Address
P. O. Box 208, Farmington, NM 87499

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Strawberry	Well No. 1	Pool Name, Including Formation Counselors GA <i>Gallup</i>	Kind of Lease State, <u>Federal</u> or Fee	Lease No. NM 28733
Location Unit Letter <u>L</u> ; <u>1980'</u> Feet From The <u>South</u> Line and <u>810'</u> Feet From The <u>West</u> Line of Section <u>3</u> Township <u>23N</u> Range <u>6W</u> , NMPM, <u>Rio Arriba</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Refining, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 256, Farmington, NM 87499	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, Farmington, NM 87499	
If well produces oil or liquids, give location of tanks.	Unit <u>L</u>	Sec. <u>3</u>
	Twp. <u>23N</u>	Rge. <u>6W</u>
	Is gas actually connected? <u>No</u> When	

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>10-24-82</u>	Date Compl. Ready to Prod. <u>11-19-82</u>		Total Depth <u>5730'</u>		P.B.T.D. <u>5685' RKB</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>6690' GL, 6702' RKB</u>	Name of Producing Formation <u>Counselors Gallup</u>		Top Oil/Gas Pay		Tubing Depth <u>5685' RKB</u>			
Perforations <u>5010-5655</u>					Depth Casing Shoe <u>5735'</u>			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>8"</u>	<u>8-5/8"</u>	<u>201' RKB</u>	<u>159 cu. ft.</u>
<u>7-7/8"</u>	<u>4-1/2"</u>	<u>5735'</u>	<u>1663 cu.ft.</u>
	<u>2-3/8"</u>	<u>5685'</u>	

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 <u>11-19-82</u>	Date of Test <u>11-20-82</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Swab test</u>	
Length of Test <u>8 hrs.</u>	Tubing Pressure <u>0</u>	Casing Pressure <u>410</u>	Choke Size <u>---</u>
Actual Prod. During Test	Oil-Bbls. <u>68</u>	Water-Bbls. <u>Frac Water Only</u>	Gas-MCF <u>45</u>

GAS WELL

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

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.

OIL CONSERVATION DIVISION

APPROVED NOV 2 1982, 19

BY

TITLE

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 allow-
able 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 filed for each pool in multiplyJim L. Jacobs (Signature)
Geologist

(Title)

11-22-82

(Date)