

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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	

Operator DUGAN PRODUCTION CORP.	
Address P O Box 208, Farmington, NM 87499	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Strawberry	Well No. 2	Pool Name, Including Formation Counselors Gallup Assoc. 086	Kind of Lease State, Federal or Fee Fed.	Lease No. NM 28733
Location				
Unit Letter E : 1800 Feet From The North Line and 800 Feet From The West				
Line of Section 3 Township 23 North Range 6 West , NMPM, Rio Arriba 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) 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) Box 990, Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 3	Twp. 23N	Rge. 6W	Is gas actually connected? No	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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 1-11-83	Date Compl. Ready to Prod. 4-11-83		Total Depth 5734'		P.B.T.D. 5688'			
Elevations (DF, RKB, RT, GR, etc.) 6692' GL; 6704' RKB	Name of Producing Formation Gallup		Top Oil/Gas Pay 5161		Tubing Depth 5534			
Perforations 5161-5405 & 5431-5543 (Upper & lower Gallup)					Depth Casing Shoe 5734' RKB			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	234'	159 cf
7-7/8"	4-1/2"	5734'	1650 cf in 2 stages
	2-3/8"	5534'	

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)

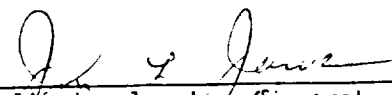
Date First New Oil Run To Tanks 4-5-83	Date of Test 4-12-83	Producing Method (Flow, pump, gas lift, etc.) flowing	
Length of Test 8 hrs	Tubing Pressure 25 psi flowing/250 SI	Casing Pressure 925 psi SI	Choke Size -
Actual Prod. During Test	Oil-Bbls. 75 BOPD	Water-Bbls. frac fluid only	Gas-MCF 80 MCFPD

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.


J. L. Jacobs (Signature)
Geologist
4-14-83 (Date)

OIL CONSERVATION DIVISION
APR 15 1983

APPROVED _____, 19_____
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT # 3

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 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 filed for each pool in multiply