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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

3045/W
7-12-83

Operator DUGAN PRODUCTION CORP.	
Address P. O. Box 208, Farmington, New Mexico 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 _____

JUN 10 1983
OIL CON. DIV.
DIST. 3

I. DESCRIPTION OF WELL AND LEASE

Lease Name Celsius	Well No. 1	Pool Name, Including Formation Counselors Gallup Assoc. O&G	Kind of Lease State, Federal or Fee Federal	Lease No. NM18946
Location Unit Letter <u>H</u> : <u>1890</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>14</u> Township <u>23N</u> Range <u>6W</u> , NMPM, <u>Rio Arriba</u> County				

II. 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 type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 14
	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: _____

III. 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 4-27-83	Date Compl. Ready to Prod. 5-26-83		Total Depth 5582'		P.B.T.D. 5539'			
Elevations (DF, RKB, RT, GR, etc.) 6787' GL, 6799' RKB	Name of Producing Formation Gallup		Top Oil/Gas Pay 5016'		Tubing Depth 5500'			
Perforations 5016' - 5528'					Depth Casing Shoe 5582'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	219' RKB	159 cu. ft.
7-7/8"	4-1/2"	5582' RKB	1566 cu. ft.
	2-3/8"	5500' RKB	

IV. 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 5-24-83	Date of Test 5-26-83	Producing Method (Flow, pump, gas lift, etc.) Swab tested	
Length of Test 8 hrs.	Tubing Pressure 0 psi	Casing Pressure 540 psi	Choke Size --
Actual Prod. During Test 43 BO, 40 bbl Frac Water	Oil - Bbls. 129 BOPD	Water - Bbls. Frac Fluid Only	Gas - MCF 105 MCFD Est.

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

V. 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.

Jim L. Jacobs (Signature)
Geologist (Title)
6-9-83 (Date)

OIL CONSERVATION DIVISION

6-14-83 JUN 14 1983

APPROVED BY Original Signed by FRANK T. CHAVEZ

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 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 completed wells.