√5 NMOCD ` Submit 5 Copies
Appropriate District Office 1 Texaco
DISTRICT 1 Giant
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

1 File

State of New Mexico ed 1-1-89 Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

L		O TRA	NSPC	ORT OIL	AND NA	TURAL G		DI Ma			
Operator							Well A	PI NO.			
DUGAN PRODUCTION	N CORP	•	·								
Address D.O. Box /120 Earm	inatan l	NIAA O	7/100								
P.O. Box 420, Farm Reason(s) for Filing (Check proper box)	ington, i	AIAI O	7499		Oub	et (Please expl	ain)				
New Well		Change in	Transpor	ner of:				from T	'avaca In	c to	
Recompletion	Change of Operator from revaco friction										
Change in Operator	Casinghead	i Gas 🖸	Condens	sate 🗌	Du	gan Frou	iuction C	orp. er	iective i		
If change of operator give name	evace l	nc	0 0	20v 21	00 Don	,or CO	90201				
and address of previous operator	exact II	IIC., F	·.UE	OUX ZI	uu. Den	ver, CO	_00201				
IL DESCRIPTION OF WELL	AND LEA	SE				<u> </u>	- Tani			No	
Lease Name Dome Navajo 3-22-7 Well No. Pool Name, Included the Pool Name, In								aid of Lease No. Lease No. NOO-C-14-20-			
<u></u>									ajo Allotted) 5555		
Location					I-	1000		- 	<u>_</u>		
Unit Letter J : 1660 Feet From The						South Line and 1980 F			et From The <u>East</u> Line		
Section 3 Towns	in 22	2N	Range	•	7W . N	MPM,	Sand	oval	_	County	
Section 10was	<u></u>	-	Kange								
III. DESIGNATION OF TRA	NSPORTE	R OF O	IL AN	NATU	RAL GAS						
Name of Authorized Transporter of Oil	*X	or Conden	sate	\neg	10	e address to wi				vrt)	
Giant Refining Inc.		•	·	<u> </u>		56, Farm					
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas						Address (Give address to which approved copy of this form is to be sent)					
Dugan Production Corp.					P.O. Box 420, Farmington, NM 87499 Is gas actually connected? When?						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp. 22N	Rge.	Yes	y connected?	When		-1-82	-82	
		- 1	L	<u> </u>							
If this production is commingled with the IV. COMPLETION DATA	i trom any our	r lease or	pooi, give	comming	ing order mun	<u></u>					
IV. COM ELITON DATA		Oil Well	l G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	ı - (X)		i			, ·	i i		İ	1	
Date Spudded	Date Compl	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
					Depth Casing Shoe						
Perforations								Cepui Casi	ug sake		
		UDDIC	CASIN	C AND	CEMENTI	NG TENO	BOR R	WE	7		
HOLE SIZE	TUBING, CASING AND OLE SIZE CASING & TUBING SIZE					DEP DE SUE			SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE				DET DET			<u> </u>			
	+						JANO41	99 0			
					JANG			1 .			
						O	L CON	. DIV	• !		
V. TEST DATA AND REQUE	ST FOR A	LLOWA	ABLE				DIST.	3		,	
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.) Producing Method (Flow, pump, gas lift, etc.)					75.)	
Date First New Oil Run To Tank Date of Test					Producing M	ethod (Flow, pu	emp, gas lyt, el	(c.)			
					Casing Press	ITP .		Choke Size			
Length of Test	th of Test Tubing Pressure				Casing 1 (Casing						
Actual Prod. During Test	Prod. During Test Oil - Bbls.				Water - Bbis.			Gas- MCF			
Oll * DUIS.											
OLG TIME!		· -·-			l	· · · · · · · · · · · · · · · · · · ·					
GAS WELL Actual Prod. Test - MCF/D	Length of T	est			Bbls. Conden	sale/MMCF		Gravity of	Condensate		
Armit Flore Tout - MCTAD								SS, S par Sec			
esting Method (pitot, back pr.) Tubing Pressure (Shut-m)					Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	'ATE OF	COMP	LIAN	CF.					D. (1016	N. 1	
I bereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above					JAN 04 1989						
is true and complete to the best of my	knowledge and	l belief.	-		Date	Approve					
\sim \sim \sim \sim						• •		\ ~			
for I fine					By_ Bil. Chang						
Jim L. Jacobs Geologist					SUPERVISOR DISTRICT #3						
Printed Name			Title		Title						
1-3-90			5-182		'"'e	*					
Date			phone No		11	V					

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.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.