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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

3/48/10
3/12/12

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	

OIL CON. DIST. 3

DESCRIPTION OF WELL AND LEASE				
Lease Name Ballymaloe	Well No. 2	Pool Name, Including Formation Lybrook Gallup Ext.	Kind of Lease State, Federal or Fee	Lease No. Federal NM28747
Location				
Unit Letter K	1840	Feet From The South	Line and 2280	Feet From The West
Line of Section 25	Township 23 North	Range 7 West	, NMPM, Sandoval County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corp.	Address (Give address to which approved copy of this form is to be sent) P O Box 1702, 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 K	Sec. 25	Twp. 23N	Rge. 7W	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 <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 3-1-84	Date Compl. Ready to Prod. 3-26-84		Total Depth 5773'		P.B.T.D. 5729'			
Elevations (DF, RKB, RT, GR, etc.) 7220' GL; 7232' RKB	Name of Producing Formation Gallup		Top Oil/Gas Pay 5175'		Tubing Depth 5625'			
Perforations 5175-5461 (34 holes) and 5522-5706 (33 holes)					Depth Casing Shoe 5773'			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	226' RKB	159 cf
7-7/8"	4-1/2"	5773' RKB	1545 cf in 2 stages
	2-3/8"	5625'	

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 3-23-84	Date of Test 3-26-84	Producing Method (Flow, pump, gas lift, etc.) swab test	
Length of Test 3 hrs	Tubing Pressure 5 psi (flowing)	Casing Pressure 750 psi	Choke Size ---
Actual Prod. During Test	Oil - Bbls. 160 BOPD	Water - Bbls. 208 BWPD (Frac water only)	Gas - MCF 80 MCDF

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.

Jim L. Jacobs (Signature)
Geologist (Title)
4-16-84 (Date)

OIL CONSERVATION DIVISION

APR 20 1984

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 conditions.

Separate Forms C-104 must be filed for each pool in multiple completed wells.