

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator
DUGAN PRODUCTION CORP.

Well API No.
30-045-26515

Address
P.O. Box 420, Farmington, NM 87499

Reason(s) for Filing (Check proper box)

New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Operator ☐ Casinghead Gas ☐ Condensate ☐

☐ Other (Please explain)

Change of Transporter Effective 5-1-90

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name April Surprise	Well No. 6	Pool Name, including Formation South Bisti (Gallup)	Kind of Lease State, (Federal) or Fee	Lease No. NM 4958
Location Unit Layer H : 1900 Feet From The North Line and 580 Feet From The East Line Section 7 Township 23N Range 9W, NMPM San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Giant Refining Inc.	☒ or Condensate ☐	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 Dugan Production Corp.	☒ or Dry Gas ☐ (no change)	Address (Give address to which approved copy of this form is to be sent) P.O. Box 420, Farmington, NM 87499				
If well produces oil or liquids, give location of tanks. Central	Unit B	Sec. 7	Twp. 23N	Rge. 9W	Is gas actually connected? Yes	When? 11-16-85

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RCB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. 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.)

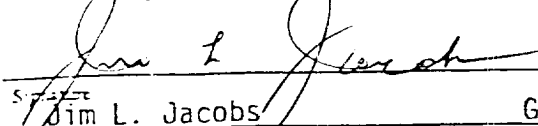
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

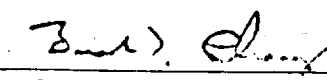
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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 Geologist
Phone No. 4-25-90 Title 325-1821
Fax Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 26 1990
By 
SUPERVISOR DISTRICT #3
Title

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) Form C-104 must be filed for each pool in multiply completed wells.