

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
P.O. Box 2088, Santa Fe, NM 87504

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator DUGAN PRODUCTION CORP.	Well API No. 30-045-26925
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 of Transporter Effective 5-1-90 ☐ Change in Operator ☐ Casinghead Gas ☐ Condensate ☐	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bronze Medal	Well No. 2	Pool Name, Including Formation South Bisti Gallup	Kind of Lease State, Federal or Fee	Lease No. N00-C-14-20-
Location Unit Lessor E 1830 Feet From The North Line and 670 Feet From The West Line	NavaJO 7307			
Section 3	Township 23N	Range 10W	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 ☐	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	Unit D	Sec. 3	Twp. 23N	Rge. 10W	Is gas actually connected? Yes	When?

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, RKB, 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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
		Gas - MCF

GAS WELL

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

Signature Jim L. Jacobs	Geologist
Printed Name 4-25-90	Title 325-1821
	Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 26 1990

By Supervisor
Title SUPERVISOR DISTRICT #3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
 - All sections of this form must be filled out for allowable on new and recompleted wells.
 - Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Form C-104 must be filed for each pool in multiply completed wells.