

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR
DUGAN PRODUCTION CORP.
Well API No. 30-045-27404
Address P.O. Box 420, Farmington, NM 87499
Reason(s) for Filing (Check proper box)
New Well
Recompletion
Change in Operator
Change in Transporter of:
Oil
Casinghead Gas
Dry Gas
Condensate
Change of Transporter Effective 5-1-90

II. DESCRIPTION OF WELL AND LEASE

Lease Name Calgary
Well No. 3
Pool Name, including Formation South Bisti Gallup Ext.
Kind of Lease State (Federal or Fee)
Lease No. NM 32124
Location
Unit Lener C
660 Feet From The North Line and 1980 Feet From The West Line
Section 6 Township 23N Range 10W, NMPM San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
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 or Dry Gas
Dugan Production Corp. (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
Unit A Sec. 6 Twp. 23N Rge. 10W
Is gas actually connected? Yes When? 9-7-89

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
Choke
Actual Prod. During Test
Oil - Bbls.
Water - Bbls.
Gas - MCF
RECEIVED
APR 27 1990
OIL CON. DIV
DIST. 3

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

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 of Operator
Geologist
Title
Telephone No.

OIL CONSERVATION DIVISION
APR 27 1990

Date Approved
By
Title
SUPERVISOR DISTRICT 13

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.