

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

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Dugan Production Corp.		Well API No. 30-045-28552
Address P.O. Box 420, Farmington, NM 87499		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Change of operator give name and address of previous operator _____		<input type="checkbox"/> Other (Please explain) _____ RECEIVED APR 29 1992
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

I. DESCRIPTION OF WELL AND LEASE

Lease Name The Bear	Well No. 2	Pool Name, Including Formation Wildcat Gallup	Kind of Lease State, <u>Federal</u> or Fee	Lease No. NM-50999
Location Unit Letter <u>E</u> : 1980 Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>34</u> Township <u>23N</u> Range <u>8W</u> , NMPM, San Juan County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Giant Refining	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	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	<input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Well produces oil or liquids, or location of tanks.	Unit <u>E</u>	Sec. <u>34</u>
	Twps. <u>23N</u>	Rge. <u>8W</u>
	Is gas actually connected? <u>No</u> When ?	

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

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <u>XX</u>	Gas Well	New Well <u>XX</u>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 3-30-92	Date Compl. Ready to Prod. 4-23-92		Total Depth 4895'		P.B.T.D. 4817'			
Measurements (DF, RKB, RT, GR, etc.) 6782' GL	Name of Producing Formation Gallup		Top Oil/Gas Pay 4553'		Tubing Depth 4733'			
Perforations 4553-4807' (Gallup)					Depth Casing Shoe 4894'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		223'		159 cf			
7-7/8"	4-1/2"		4894'		1716.4 cf			
	2-3/8"		4733'					

IV. 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 4-23-92	Date of Test 4-27-92	Producing Method (Flow, pump, gas lift, etc.) swabbing	
Length of Test 9 hrs	Tubing Pressure ---	Casing Pressure 490	Choke Size ---
Actual Prod. During Test 27 BO, 93 BLW*	Oil - Bbls. 72 BOPD	Water - Bbls. *248 BLWPD	Gas - MCF T.S.T.M.

GAS WELL *water is frac fluid.

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

V. 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 Vice-President
Printed Name 4-28-92 Title
Date 325-1821 Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 01 1992

By Barry D. Shum
Title SUPERVISOR DISTRICT #3

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.