

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.
Address P.O. Box 420, Farmington, NM 87499		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Re-completer <input type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
Other (Please explain) Change of Transporter Effective 5-1-90		
If change of operator give name and address of previous operator		

Lease Name A New Dawn		Well No. 1	Pool Name, Including Formation Otero Gallup	Kind of Lease State, Federal or Fee	Lease No. Jicarilla Contract 37-A
Location Unit Letter L	1470	Feet From The South	860	Feet From The West	Line
Section 14	Township 24N	Range 5W	NMPM	Rio Arriba	County

Name of Authorized Transporter of Oil Giant Refining Inc.		<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 El Paso Natural Gas Co. (No Change)		<input checked="" 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 L	Sec. 14	Twp. 24N	Rge. 5W	Is gas actually connected? Yes	When? 3-16-78
If this production is commingled with that from any other lease or pool, give commingling order number: R-5002						

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 Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	
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 Jim L. Jacobs	Geologist
Printed Name 4-25-90	Title 325-1821
Date	Telephone No.

OIL CONSERVATION DIVISION	
Date Approved MAY 21 1990	
By	Supervisor District #3
Title	

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.