

STATE OF NEW MEXICO  
 OIL AND MINERALS DEPARTMENT

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S.D.S.	
FIELD OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
REGISTRATION OFFICE	

**OIL CONSERVATION DIVISION**  
 P. O. BOX 2088  
 SANTA FE, NEW MEXICO 87501

**REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Operator: Dugan Produccion Corp.  
 Address: Box 208, Farmington, NM 87401  
 Reason(s) for filing (Check proper box):  
 New Well  Change in Transporter of:  
 Oil  Dry Gas   
 Recompletion  Casinghead Gas  Condensate   
 Change in Ownership  Effective June 1, 1981

Change of ownership give name and address of previous owner \_\_\_\_\_

**DESCRIPTION OF WELL AND LEASE**  
 Lease Name: A New Dawn Well No.: 3 Pool Name, Including Formation: Basin Dakota Kind of Lease: Jicarilla Lease No.: 37-B  
 State, Federal or Fee: Apache Cont.  
 Location: Unit Letter D; 800 Feet From The North Line and 800 Feet From The West  
 Line of Section 23 Township 24N Range 5W, NMPM, Rio Arriba County

**DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**  
 Name of Authorized Transporter of Oil  or Condensate  Address (Give address to which approved copy of this form is to be sent):  
Inland P.O. Box 1528, Farmington, NM 87401  
 Name of Authorized Transporter of Casinghead Gas  or Dry Gas  Address (Give address to which approved copy of this form is to be sent):  
El Paso Natural Gas Co. P.O. Box 990, Farmington, NM 87401  
 If well produces oil or liquids, give location of tanks: Unit D Sec. 23 Twp. 24N Rge. 5W Is gas actually connected? \_\_\_\_\_ When \_\_\_\_\_

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

**COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Res'v.	Diff. Res'
<input checked="" type="checkbox"/>								
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RAB, 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

**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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size <u>1 1/2"</u>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF <u>338</u> DIS <u>3</u>

**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

**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.

Thomas A. Dugan  
 (Signature)  
 Thomas A. Dugan  
 President  
 (Title)  
 6-1-81

**OIL CONSERVATION DIVISION**  
 JUN 1 1981  
 APPROVED \_\_\_\_\_  
 BY \_\_\_\_\_  
 TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
 If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.  
 All sections of this form must be filled out completely for all wells on new and recompleted wells.  
 Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition. (See Rule 1104 for each pool in multi-