

STATE OF NEW MEXICO
OIL AND MINERALS DEPARTMENT

5-NMUCD 1-Title
OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REVISED 10-1-78

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DISTRIBUTION
SANTA FE
FILE
U.S.U.S.
LAND OFFICE
TRANSPORTER
OPERATOR
PRODUCTION OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Dugan Production Corp.

Address
Box 208, Farmington, NM 87401

Reason(s) for filing (Check proper box)
New Well ☐ Change In Transporter of:
Recompletion ☐ Oil ☒ Dry Gas ☐
Change In Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)
Effective June 1, 1981

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE
Lease Name MF Well No. 1 Pool Name, Including Formation Basin Dakota Kind of Lease State, Federal or Foreign Fed Lease No. NM 16760
Location Unit Letter L : 1820 Feet From The South Line and 690 Feet From The West
Line of Section 18 Township 24N Range 9W NMPM, San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Inland
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
El Paso Natural Gas Co.
If well produces oil or liquids,
give location of tanks. Unit L Sec. 18 Twp. 24N Rge. 9W
Address (Give address to which approved copy of this form is to be sent)
P.O. Box 1528, Farmington, NM 87401
Address (Give address to which approved copy of this form is to be sent)
P.O. Box 990, Farmington, NM 87401
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'
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, RKB, RT, CR, 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

F. 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 all able 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
Actual Prod. During Test Oil-Bbls. Water-Bbls.

GAS WELL
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF
Testing Method (pilot, back pr.) Tubing Pressure (shut-in) Casing Pressure (shut-in) Choke Size

G. 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 President
6-1-81

OIL CONSERVATION DIVISION
JUN 1 1981
APPROVED BY SUPERVISOR DISTRICT # 3
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 device 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 well name or number, or transporter, or other such change of condition.