

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

B.K.

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PROMOTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator DUGAN PRODUCTION CORP.

Address P O Box 208, Farmington, NM 87401

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE		Kind of Lease	Navajo	Lease No.
Lease Name	Well No.	State, Federal or Fee	Allotted	N00-C-14-2C
<u>Kaibab Trail</u>	<u>#1</u>			<u>4312</u>
Pool Name, Including Formation				
<u>Undesignated Gallup</u>				
Location				
Unit Letter	<u>M</u>	<u>790'</u>	Feet From The	<u>South</u> Line and <u>790'</u> Feet From The <u>West</u>
Line of Section	<u>20</u>	Township	<u>24 North</u>	Range <u>8 West</u> , NMPM, <u>San Juan</u> County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<u>Inland Corp.</u>	<u>P O Box 1528, Farmington, NM 87401</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<u>El Paso Natural Gas Co.</u>	<u>P O Box 990, Farmington, NM 87401</u>			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	<u>M</u>	<u>20</u>	<u>24N</u>	<u>8W</u>
Is gas actually connected?	When			
<u>No</u>				

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
<u>XX</u>	<u>XX</u>		<u>XX</u>	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
<u>6-17-81</u>	<u>7-25-81</u>	<u>5494'</u>	<u>5385'</u>	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
<u>6684'</u>	<u>Gallup</u>	<u>5311'</u>	<u>5327'</u>	
Perforations	Depth Casing Shoe			
<u>5078-5311'</u>	<u>5492' RKB</u>			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4"</u>	<u>8-5/8"</u>	<u>195' RKB</u>	<u>135 sx class B 2% CaC</u>
<u>7-7/8</u>	<u>4 1/2"</u>	<u>5492' RKB</u>	<u>1st stage 243 cu.ft.</u>
			<u>2nd stage 1297 cu.ft.</u>

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.)	
<u>8-12-81</u>	<u>8-13-81</u>	<u>flowing</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>24 hrs</u>	<u>100</u>	<u>1100</u>	<u>12/64</u>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	<u>128</u>		<u>307</u>

GAS WELL		Bbls. Condensate/MCF		Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test			
Testing Method (pilot, back gr.)	Tubing Pressure (shut-in)	Casing Pressure	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)
Petroleum Engineer
(Title)
8-14-81
(Date)

APPROVED _____
Original Signed by FRANK T. CHAVEZ
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 deepened well, this form must be accompanied by a tabulation of the deviation 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.
Form C-104 must be filed for each pool in multiple wells.