

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator DUGAN PRODUCTION CORP.

Address P O Box 208, Farmington, NM 87401

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of: Oil Dry Gas

Recompletion Casinghead Gas Condensate

Change in Ownership

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

DESCRIPTION OF WELL AND LEASE

Lease Name <u>July Jubilee</u>	Well No. <u>1</u>	Pool Name, including Formation <u>**Basin Dakota/Underground</u>	Kind of Lease State, Federal or Fee <u>Fed.</u>	Lease No. <u>NM 24661</u>
Location				
Unit Letter <u>G</u>	<u>1650</u> Feet From The <u>North</u> Line and <u>1520</u> Feet From The <u>East</u>			
Line of Section <u>30</u>	Township <u>24N</u>	Range <u>9W</u>	<u>NMPM, 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"/> <u>Inland Corp.</u>	Address (Give address to which approved copy of this form is to be sent) <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"/> <u>Dugan Production Corp.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P O Box 208, Farmington, NM 87401</u>
If well produces oil or liquids, give location of tanks.	Unit <u>G</u> Sec. <u>30</u> Twp. <u>24N</u> Rge. <u>9W</u>
Is gas actually connected?	When

If this production is commingled with that from any other lease or pool, give commingling order number: **Application made to NMOCD

COMPLETION DATA in Santa Fe. Hearing pending - 10-21-81										
Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>		
Date Spudded <u>6-28-81</u>	Date Compl. Ready to Prod. <u>8-31-81</u>	Total Depth <u>6245'</u>			P.B.T.D. <u>6180'</u>					
Elevations (DF, RAB, RT, GR, etc.) <u>6980' GL</u>	Name of Producing Formation <u>**Dakota/ Gallup</u>		Top Oil/Gas Pay <u>5008</u>		Tubing Depth <u>6151' RKB</u>					
Perforations <u>5008-5234, Gallup (52 holes) and 6148-58, Dakota (10 holes)</u>						Depth Casing Shoe <u>6247' RKB</u>				

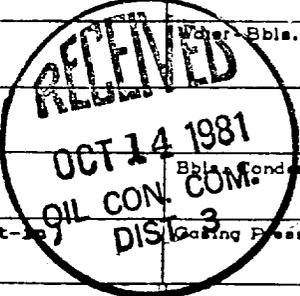
TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12-1/4"</u>	<u>8-5/8"</u>	<u>219' RKB</u>	<u>135 sx Class B 2% CaCl</u>
<u>7-7/8"</u>	<u>4-1/2"</u>	<u>6247' RKB</u>	<u>564.5 cu.ft. 1st stage</u>
	<u>2-3/8"</u>	<u>6151' RKB</u>	<u>1203 cu.ft. 2nd stage</u>

TEST DATA AND REQUEST FOR ALLOWABLE (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 <u>8-27-81</u>	Date of Test <u>9-24-81</u>	Producing Method (Flow, pump, gas lift, etc.) <u>flowing</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>55</u>	Casing Pressure	Choke Size <u>---</u>
Actual Prod. During Test	Oil-Bbls. <u>114</u>	Water-Bbls. <u>25 (frac)</u>	Gas-MCF <u>493</u>

GAS WELL		Bbls. Condensate/MMCF		Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test	Casing Pressure (shut-in)		Choke Size	
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
Petroleum Engineer
(Title)
10-13-81
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 5 1982, 19
BY Original Signature
TITLE SUPERVISOR DISTRICT #3

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 deviated tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable 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. Separate Forms C-104 must be filed for each pool in multiple