

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Dugan Production Corp.

Address P O Box 208, Farmington, NM 87499

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input 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 checked="" type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner \_\_\_\_\_

<b>DESCRIPTION OF WELL AND LEASE</b>	
Lease Name <u>Big Eight</u>	Well No. <u>1E</u> Pool Name, including Formation <u>Basin Dakota</u> Kind of Lease <u>Fed.</u> Lease No. <u>NM25440</u>
Location	
Unit Letter <u>0</u> ; <u>890</u> Feet From The <u>South</u> Line and <u>1850</u> Feet From The <u>East</u>	
Line of Section <u>8</u> Township <u>24N</u> Range <u>9W</u> , NMPM, <u>San Juan</u> County	

<b>DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS</b>	
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>Giant Refining, Inc. (no change)</u>	<u>P O Box 256, Farmington, NM 87499</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 87499</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>0</u> Sec. <u>8</u> Twp. <u>24N</u> Rge. <u>9W</u>	<u>yes</u> <u>11-11-82</u>

If this production is commingled with that from any other lease or pool, give commingling order number: R-6825

<b>COMPLETION DATA</b>										
Designate Type of Completion - (X)										
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

<b>TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL</b>		
(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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.

<b>GAS WELL</b>			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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  
Petroleum Engineer  
5-5-83  
(Date)

OIL CONSERVATION DIVISION  
MAY 8 - 1983

APPROVED \_\_\_\_\_  
BY \_\_\_\_\_  
SUPERVISOR DISTRICT # \_\_\_\_\_

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 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.  
Form C-104 must be filed for each pool in multiply