

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

B.K.

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)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Tapacitos	Well No. #2	Pool Name (including formation) <i>W.C. Sal Manner</i> Undesignated Gallup	Kind of Lease State, Federal or Fee Fed	Lease No. NM 7993
Location Unit Letter <u>L</u> : <u>1545</u> Feet From The <u>South</u> Line and <u>790</u> Feet From The <u>West</u> Line of Section <u>25</u> Township <u>26 North</u> Range <u>2 West</u> , NMPM, <u>Rio Arriba</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"/> Inland Corp.	Address (Give address to which approved copy of this form is to be sent) P O Box 1528, Farmington, NM 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 25
	Twp. 26N	Rge. 2W
	Is gas actually connected? <u>no</u> 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 <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 10-18-78	Date Compl. Ready to Prod. 10-30-80		Total Depth 8650'		P.B.T.D. 8050'			
Elevations (DF, RKB, RT, GR, etc.) 7723' GL	Name of Producing Formation Gallup		Top Oil/Gas Pay 7368'		Tubing Depth 7336' RKB			
Perforations 7368'-7556', Gallup, 35 holes					Depth Casing Shoe 8623' RKB			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	9-5/8"	231'	110 sx
7-7/8"	4-1/2"	8623'	895 sx - 3 stages
7-7/8"	**4-1/2"	1116'	338 cu. ft.
	2-3/8"	7336' RKB	

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 10-30-80	Date of Test 10-31-80	Producing Method (Flow, pump, gas lift, etc.) flowing	
Length of Test 3 hrs	Tubing Pressure 1140 psi SI	Casing Pressure 0 packer	Choke Size 1/2"
Actual Prod. During Test 1.5 bbl.	Oil-Bbls. 12 bbl/day	Water-Bbls. 4 bbl/day	Gas-MCF 183 MCFPD

**This 4 1/2" csg. tied in where csg. previously shot off and cemented.

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-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.

Petroleum Engineer
(Title)7-21-81
(Date)

Thomas A. Dugan

OIL CONSERVATION DIVISION

JUL 22 1981

APPROVED

Original Signed by FRANK T. CHAVEZ

BY 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 deepen 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. This form must be filed for each pool in multi-