

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210  
DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <b>DUGAN PRODUCTION CORP.</b>		Well API No.
Address <b>P.O. Box 420, Farmington, NM 87499</b>		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
<input checked="" type="checkbox"/> Other (Please explain) Pool Redesignation Per NMOCD Order No. R-8769 Effective 11-1-88		
Change of operator give name and address of previous operator		

I. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Red Mac</b>	Well No. <b>2</b>	Pool Name, Including Formation <b>WAW Fruitland Sand PC</b>	Kind of Lease State, <u>Federal</u> or Fee	Lease No. <b>NM 25443</b>
Location Unit Letter <b>G</b> : <b>1500</b> Feet From The <b>North</b> Line and <b>1850</b> Feet From The <b>East</b> Line Section <b>3</b> Township <b>25N</b> Range <b>12W</b> , <b>NMPM</b> , <b>San Juan</b> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<b>Paso Natural Gas Company (no change)</b>	<b>P.O. Box 4990, Farmington, NM 87499</b>	
well produces oil or liquids, re location of tanks.	Unit	Sec.
	Twp.	Rge.
Is gas actually connected?		When ?
this production is commingled with that from any other lease or pool, give commingling order number.		

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
evaluations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Drillations			Depth Casing Shoe					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

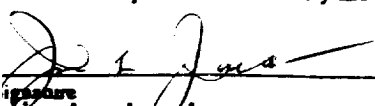
TEST DATA AND REQUEST FOR ALLOWABLE

L 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.)		
First New Oil Run To Tank	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 - MCF


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

OPERATOR 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.

  
Signature **Jim L. Jacobs** Geologist  
Printed Name  
November 16, 1990  
Telephone No. **375-1821**

OIL CONSERVATION DIVISION

Date Approved **NOV 20 1990**  
By   
Title **SUPERVISOR DISTRICT #3**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.