

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 DUGAN PRODUCTION CORP.	Well API No. 30-045-28503
Address P.O. Box 420, Farmington, NM 87499	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" 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"/>
If change of operator give name and address of previous operator	

I. DESCRIPTION OF WELL AND LEASE

Lease Name Red Mac	Well No. 90	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Fee	Lease No. NM-25443
Location Unit Letter B : 800' Feet From The North Line and 1800 Feet From The East Line Section 3 Township 25N Range 12W, NMPM, San Juan 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)					
El Paso Natural Gas Co.	P.O. Box 4990, Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
					No	

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		XX	XX					
Date Spudded 11-16-90	Date Compl. Ready to Prod. 1-15-91		Total Depth 1210'		P.B.T.D. 1183'			
Elevations (DF, RKB, RT, GR, etc.) 6222' GL	Name of Producing Formation FR Coal		Top Oil/Gas Pay 1132'		Tubing Depth 1134'			
Perforations 1132-1146' FR Coal					Depth Casing Shoe 1205'			

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
9-7/8"	7"	93'	118 cu. Ft.
6-1/4"	4-1/2"	1205'	250 cu. Ft.
	1-1/4"	1134'	

III. 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 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 WELL		
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF
SI Gas Well - Capable of Commercial Production.		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)
	SI - 100	SI - 110

IV. 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	Title
1-30-91	325-1821
Date	Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 21 1991

By Original Signed by CHARLES GHOLSON

Title DEPUTY OIL & GAS INSPECTOR, DIST. #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.