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Appropriate District Office 5. NMOCI
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DISTRICT II P.O. Drawer DD, Anceia, NM 88210

OIL CONSERVATION DIVISION

Santa Fe, New Mexico 87504-2088

State of New Mexico

Energy, Minerals and Natural Resources Department P.O. Box 2088

DISTRICT III
1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TR	ANSPORT O	IL AND N	ATURAL C	SAS				
Operator						Wel	1 API No.	 5921		
Dugan Production C										
P.O. Box 420, Farm Reason(s) for Filing (Check proper box	ungton.	NM 87	499		A - (P)					
New Well	,	Channe is	n Transporter of:		her (Please exp					
Recompletion	Oil		Dry Gas	Change of Operator Effective 11/1/92						
Change in Operator	Casinghea			151	riective	11/1/52	•			
If change of operator give name nod address of previous operator	xaco Exp	lorati	on & Produc	ction Ind	2., 3300	North E	utler, 1	Farmingto	on, NM 87	
II. DESCRIPTION OF WELL										
Lease Name			Pool Name, Inclu	ding Formation		Kind	of Lease	i	esse No.	
Navajo "G"		1	So. Galle	goo rrarorana on re			Federal or Fee 14-20-603-297			
Location							vajo Allotted			
Unit LetterK	: 177	70	Feet From The	South Li	ne and $\underline{17}$	<u>70 </u>	eet From The	West	Line	
Section 12 Towns	hip 26N		Range 12W	, N	мрм,	San Ju	an		County	
II. DESIGNATION OF TRA	NSPORTE!	R OF O	IL AND NATI	IRAL GAS						
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)									
Giant Refining Inc.				P.O. Box 256, Farmington, NM 87499						
ame of Authorized Transporter of Casinghead Gas El Paso Natural Gas Co.			or Dry Gas [XX]	Address (Give address to which approve P.O. Box 4990, Farmin						
If well produces oil or liquids,										
ive location of tanks.	K	12	7wn Rgc. 26N 12W	yes						
this production is commingled with the V. COMPLETION DATA	t from any othe	t lease or p	pool, give comming	ling order num	ber:					
V. CORE LETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plus Back	Same Res'v	Diff Res'v	
Designate Type of Completion	ı - (X)		J Gas Well	1 1154 1161	,vei	, capes	I LINK DECK	Joenie Kes V	Pili Kesv	
Date Spudded	Date Compl	Ready to Prod.		Total Depth		·*	P.B.T.D.			
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
erforations							Depth Casing Shoe			
							Depui Casin	ig Shoe		
				CEMENTING RECORD						
HOLE SIZE	CASI	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
	 						<u> </u>			
									•	
TECTE DATE A AND DECLE	CT FOR A	1 0111								
. TEST DATA AND REQUE IL WELL (Test must be after t				h	averad ton alla	ahla Gaa shia	. damik av ha i	(nn 6.11.24 Laure	-1	
ple First New Oil Run To Tank	Date of Test	worming o	i waa ou ana musi		thod (Flow, pu		ic) - Sin	212 85 2 33 3	5.) (1.) (2.) (3.)	
						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 L h			
ength of Test	Tubing Press	ure		Casing Pressu	те		Choke Size			
ctual Prod. During Test	Oil - Bbls.	Oil - Bile			Water - Bbls.			1992		
Ou - Doil							DIL COME DIME			
SAS WELL						· · · · · · · · · · · · · · · · · · ·			* • 	
ctual Prod. Test - MCF/D	Length of Te	a		Bbls. Condensate/MMCF			Gravity of Condensate			
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Cacina Baseaum (Shurim)			Choke Size			
oug medicu (pun, tack pr.)	1 moing stermie (2pm-in)				Casing Pressure (Shut-in)			CHOKE SIZE		
L OPERATOR CERTIFIC	ATE OF (COMPI	JANCE					- 		
I hereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				_	NOV 1 6 1932					
				Date	Approved			Α		
Bud Crane				By 3.1) 61.						
Signature Prod Crano Drod	3		1 2 1	By				0		
Printed Name	luction S		itendent Tile	Tala		SUPER	VISUR D	STRICT	# 3	
11/9/92			1821	Title_			₹			
Date		Teleph	oose No.	ŀ			v			

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
- 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.