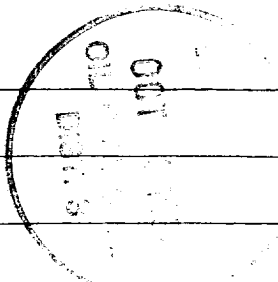


**OIL CONSERVATION DIVISION** | Tenneco  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

**REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**



Operator **DUGAN PRODUCTION CORP.**

Address **P O Box 208, Farmington, NM 87401**

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/>	Change of Transporters	
Recompletion <input type="checkbox"/>	Dry Gas <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>		

If change of ownership give name and address of previous owner **Tenneco Oil, P O Box 3249, Englewood, CO 80155**

**DESCRIPTION OF WELL AND LEASE** \*Formerly Gallegos #10

Lease Name <b>Windfall*</b>	Well No. <b>10</b>	Pool Name, Including Formation <b><del>Gallegos</del> &amp; Basin Dakota</b>	Kind of Lease <b>State, Federal or Fee Fed</b>	Lease No. <b>NM11773</b>
Location				
Unit Letter <b>F</b>	<b>1600</b> Feet From The <b>North</b> Line and <b>1600</b> Feet From The <b>West</b>			
Line of Section <b>31</b>	Township <b>26 N</b>	Range <b>11 W</b>	<b>San Juan</b> County, NMPM	

**DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	<b>Giant Refining, Inc.</b>	Address (Give address to which approved copy of this form is to be sent)	<b>Box 256, Farmington, NM 87499</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	<b>El Paso Natural Gas</b>	Address (Give address to which approved copy of this form is to be sent)	<b>Box 990, Farmington, NM 87499</b>
If well produces oil or liquids, give location of tanks.	Unit <b>F</b> Sec. <b>31</b> Twp. <b>26N</b> Rge. <b>11W</b>	Is gas actually connected?	<b>No</b> When

If this production is commingled with that from any other lease or pool, give commingling order number: **R-6720**

**COMPLETION DATA**

Designate Type of Completion - (X)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, CR, 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

**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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

*Jim L. Jacobs*  
**Jim L. Jacobs** (Signature)  
**Geologist** (Title)  
**10-5-82** (Date)

**OIL CONSERVATION DIVISION**

**APPROVED** **OCT 8 1982**, 19\_\_

**BY** Original Signed by **CHARLES GHOLSON**

**TITLE** **DEPUTY OIL & GAS INSPECTOR, DIST. #3**

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.  
Separate Forms C-104 must be filed for each pool in multiple completed wells.