

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

API 30-045-23504

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

Operator Dugan Production Corp.	
Address Box 208, Farmington, NM 87401	
Reason(s) for filing (Check proper box)	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 Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Western Federal	Well No. 9	Pool Name, Including Formation South Gallegos Fruitland	Kind of Lease State, Federal or Fee Fed	Lease No. SF 078897A
Location Unit Letter <u>E</u> ; <u>1820</u> Feet From The <u>North</u> Line and <u>820</u> Feet From The <u>West</u>				
Line of Section <u>7</u> Township <u>26N</u> Range <u>11W</u> , NMPM, <u>San Juan</u> County				

III. 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.	Box 990, Farmington, NM 87401					
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: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 7-16-79	Date Compl. Ready to Prod. 8-9-79	Total Depth 1480'	P.B.T.D. 1422'					
Elevations (DF, RKB, RT, GR, etc.) 6054' GR	Name of Producing Formation Fruitland	Top Oil/Gas Pay 1126	Tubing Depth 1260'					
Perforations 1278-1282	1126-1131	Depth Casing Shoe						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
7-7/8"	5-1/2"	30'		6 SX				
4-3/4"	2-7/8"	1472'		100 SX				
	1-1/4"	1260'						

V. 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 136	Length of Test 3 hrs	Bbls. Condensate/MMCF ---	Gravity of Condensate ---
Testing Method (pilot, back pr.) Back pressure	Tubing Pressure (shut-in) 266 SI	Casing Pressure (shut-in) 266 SI	Choke Size 5/8"

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Thomas A. Dugan (Signature)
Petroleum Engineer

(Title)

8-16-79

(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 21 1979, 19_____
Original Signed by A. R. Kendrick
BY _____TITLE 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 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 multiply completed wells.