5 4 NMOCD Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Anesia, NM 88210

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

1 File

State of New Mexico

Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

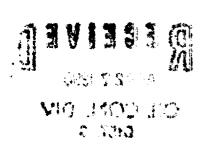
Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION

J.	7	TO TRAN	SPORT O	L AND NA	TURAL G					
Operator					Well			API No.		
DUGAN PRODUCTION	V CORP	•								
P.O. Box 420, Farmington, NM 87499										
Reason(s) for Filing (Check proper box)  Other (Please explain)										
New Well Change in Transporter of:										
Recompletion Oil Dry Gas Effective 5-1-90										
Change in Operator Casinghead Gas Condensate										
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WELL AND LEASE										
Lease Name			ool Name, Inclu	line Formation		Kind	of Lease	L	ease No.	
Gallegos		1		n Gallup State			Federal or Fee SF 079106			
Location										
Unit Letter I : 1980 Feet From The South Line and 660 Feet From The East Line									Line	
Section 21 Township 28N Range 12W , NMPM, San Juan County										
THE DESCRIPTION OF TRANSPORTED OF OU ARTS NATIONAL CAS										
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil (XX) or Condensate Address (Give address to which approved copy of this form is to be sent)										
Giant Refining Inc.					P.O. Box 256, Farmington, NM 87499					
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas Address (Give address to which approved copy of this form is to be sent)								nt)		
El Paso Natural Gas (	Co	(no char	<del></del>							
If well produces oil or liquids, give location of tanks.	Unit   :   I	Sec. Twp. Rge. is gas actually connected? Wi				When	n ?			
If this production is commingled with that f	rom any othe	r lease or poo	l, give comming	ling order num	ber:					
IV. COMPLETION DATA										
Designate Type of Completion -	- <b>(X</b> )	Oil Well	Gas Well	New Well	Workover 	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
								Depth Casing Shoe		
Perforations							Depth Cash	g Silve		
TUBING, CASING AND CEMENTING RECORD										
HOLE SIZE	NG & TUBING SIZE		DEPTH SET			SACKS CEMENT				
			<del></del>	<u> </u>	<del></del>	<del></del>	ļ			
		<del> </del>	<del></del>							
V. TEST DATA AND REQUES	T FOR AI	LLOWAB	LE	<u> </u>			l			
				t be equal to or	exceed top allo	owable for this	depth or be	full 24 bou		
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 sensible to be sensible										
Length of Test Tubing Pressure				Casing Pressure Choose A.D.D.O.W. 1000					1000	
				Water - Bbls			APR 2 7 1990			
Actual Prod. During Test Oil - Bbls.				Water - Boil				OIL CON. DIV		
GAS WELL								DIST.	.5	
Actual Prod. Test - MCF/D	at .		Bbls. Condensate/MMCF			Gravity of Condensate				
							Choke Size			
Testing Method (pitot, back pr.)  Tubing Pressure (Shui-m)				Casing Press	re (Shut-m)	,	Choke Size	مشتصيف ويتاري	· ·	
VI. OPERATOR CERTIFICATE OF COMPLIANCE										
I bereby 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.					Data Assessed Assessed					
	Date	Date ApprovedAPR 2 7 1990								
Som 1 Harrie								A		
Signature					By					
Jim L. Jacobs Geologist  British Name Tale				Title SUPERVISOR DISTRICT 40						
Printed Name 1 ale 4-26-90 325-1821						SUPER	VISOR D	<del>ISTRICT</del>	#3	
Date Telephone No.										

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.



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