

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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U.S.U.B.	
LAND OFFICE	
TRANSPORTER	☐ OIL ☐ GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASOperator
DUGAN PRODUCTION CORP.Address
P O Box 208, Farmington, NM 87401

Reason(s) for filing (Check proper box)

New Well ☒
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Bonnie & Ed	Well No. #1	Pool Name, Including Formation Meadows Gallup	Kind of Lease State, Federal or Fee	Fee	Lease No. ---
Location Unit Letter <u>J</u> : <u>2090</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>West</u> Line of Section <u>4</u> Township <u>29N</u> Range <u>15W</u> , NMPM, <u>San Juan</u> County					

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Inland Corp.	Address (Give address to which approved copy of this form is to be sent) P O Box 1528, Farmington, NM 87401	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit <u>J</u>	Sec. <u>4</u>
	Twp. <u>29N</u>	Rge. <u>15W</u>
Is gas actually connected? ☐ When		

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well ☒	Gas Well ☐	New Well ☒	Workover ☐	Deepen ☐	Plug Back ☐	Same Res'v. ☐	Diff. Res'v. ☐
Date Spudded 9-28-81	Date Compl. Ready to Prod. 11-14-81		Total Depth 4432		P.B.T.D. 4322			
Elevations (DF, RKB, RT, GR, etc.) 4350' GL	Name of Producing Formation Meadows Gallup		Top Oil/Gas Pay 3892		Tubing Depth 4234' RKB			
Perforations 3892-4278', 35 holes					Depth Casing Shoe 4430' RKB			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	225' RKB	190 sx class B
7-7/8"	4-1/2"	4430' RKB	1127.5 cf in 2 stages
	2-3/8"	4234' RKB	

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)

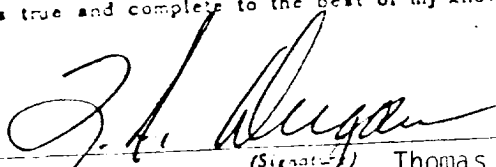
Date First New Oil Run To Tanks 11-14-81	Date of Test 11-16-81	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 24 hrs	Tubing Pressure 40 psi	Casing Pressure 40 psi	Choke Size none
Actual Prod. During Test	Oil-Bbls. 15	Water-Bbls. no formation water	Gas-MCF 10 est.

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-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.

Thomas A. Dugan
Petroleum Engineer
(Title)11-18-81
(Date)

APPROVED

BY Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3

TITLE

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 deviated tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells 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 conditions. This form must be filed for each pool in multiple copies.