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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
DUGAN PRODUCTION CORP.

Address
P O Box 208, Farmington, NM 87499

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)

JAN 05 1984
OIL CON. DIV.
DIST. 3

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name My Place	Well No. 1	Pool Name, Including Formation Meadows Gallup <i>Ext.</i>	Kind of Lease State, Federal or Fee Fee	Lease No. ---
Location Unit Letter <u>L</u> ; <u>2210</u> Feet From The <u>South</u> Line and <u>670</u> Feet From The <u>West</u> Line of Section <u>3</u> Township <u>29N</u> Range <u>15W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Refining, Inc.	Address (Give address to which approved copy of this form is to be sent) P O Box 256, Farmington, NM 87499	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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>L</u>	Sec. <u>3</u>
	Twp. <u>29N</u>	Rge. <u>15W</u>
	Is gas actually connected? <u>No</u> When	

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'
<u>XX</u>	<u>XX</u>		<u>XX</u>					
Date Spudded <u>11-15-83</u>	Date Compl. Ready to Prod. <u>12-13-83</u>		Total Depth <u>4505'</u>		P.B.T.D. <u>4454'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>5178' GL; 5190' RKB</u>	Name of Producing Formation <u>Gallup</u>		Top Oil/Gas Pay <u>4098</u>		Tubing Depth <u>4215'</u>			
Perforations <u>4098 - 4409 Gallup</u>					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12-1/4"</u>	<u>8-5/8"</u>		<u>214' RKB</u>		<u>330 cf</u>			
<u>7-7/8"</u>	<u>5-1/2"</u>		<u>4505'</u>		<u>1110 cf slurry in</u>			
	<u>2-3/8"</u>		<u>4215'</u>		<u>2 stages</u>			

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 oil
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <u>12-13-83</u>	Date of Test <u>Pumping</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24 hrs.</u>	Tubing Pressure <u>-0-</u>	Casing Pressure <u>40 psi</u>	Choke Size <u>---</u>
Actual Prod. During Test	Oil-Bbls. <u>7 BOPD</u>	Water-Bbls. <u>-0-</u>	Gas-MCF <u>15 MCFGPD</u>

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

VI. 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
Geologist

(Signature)

(Title)

11-4-84

(Date)

OIL CONSERVATION DIVISION

JAN 05 1984

APPROVED

BY Original Signed by FRANK T. CHAVEZ

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 deeper
well, this form must be accompanied by a tabulation of the deviat
tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all
able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own
well name or number, or transporter, or other such change of condit

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