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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator **DUGAN PRODUCTION CORP.** Well API No. **30 045 95442**

Address **P.O. Box 420, Farmington, NM 87499**

Reason(s) for Filing (Check proper box) Other (Please explain) Effective 9/1/92

New Well Change in Transporter of: Oil Dry Gas Casinghead Gas Condensate

Recompletion

Change in Operator

If change of operator give name and address of previous operator **Texaco Exploration & Production Inc., 3300 North Butler, Farmington, NM 87401**

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
M.L. Wright	1	Basin Dakota		

Location Unit Letter **B** : **790** Feet From The **North** Line and **1837** Feet From The **East** Line

Section **13** Township **30N** Range **12W**, **NMPM**, **San Juan** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	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 <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.	P.O. Box 4990, Farmington, NM 87499
If well produces oil or liquids, give location of tanks	Is gas actually connected? When?
Unit B Sec. 13 Twp. 30N Rge. 12W	yes

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
<input checked="" type="checkbox"/>								

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
Perforations			Depth Casing Shoe

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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

GAS WELL

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

VI. OPERATOR 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
Signature
Jim L. Jacobs
Printed Name
9/9/92
Date

Geologist
Title
325-1821
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **SEP 10 1992**

By *[Signature]*
Title **SUPERVISOR DISTRICT #3**

RECEIVED
SEP 10 1992
OIL CON. DIV.
DIST. 3

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 Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

