



REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

I. Operator  
**DUGAN PRODUCTION CORP.**

Address  
**P O Box 208, Farmington, NM 87401**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well  Change in Transporter of: Oil  Dry Gas

Recompletion  Casinghead Gas  Condensate

Change in Ownership

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Sly Slav</b>	Well No. <b>2</b>	Pool Name, including Formation <b>Basin Dakota</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	Lease No. ---
Location Unit Letter <b>N</b> ; <b>790</b> Feet From The <b>South</b> Line and <b>1700</b> Feet From The <b>West</b>				
Line of Section <b>13</b> Township <b>30N</b> Range <b>15W</b> , NMPM, <b>San Juan</b> 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"/> <b>Giant Refining, Inc.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 256, Farmington, NM 87401</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>Northwest Pipeline Corp.</b>	Address (Give address to which approved copy of this form is to be sent) <b>3539 E. 30th St., Farmington, NM 87401</b>
If well produces oil or liquids, give location of tanks.	Unit <b>N</b> Sec. <b>13</b> Twp. <b>30N</b> Rge. <b>15W</b> Is gas actually connected? <b>No</b> 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'v.
		<b>XX</b>	<b>XX</b>					
Date Spudded <b>4-8-82</b>	Date Compl. Ready to Prod. <b>5-27-82</b>	Total Depth <b>5570'</b>	P.B.T.D. <b>5468'</b>					
Elevations (Dt <b>GL</b> , RT, GR, etc.) <b>5320'</b>	Name of Producing Formation <b>Dakota</b>	Top Oil/Gas Pay <b>5382'</b>	Tubing Depth <b>5315' RKB</b>			Depth Casing Shoe <b>5565' RKB</b>		
Perforations <b>5382-5396', 14 holes</b>								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>12-1/4"</b>	<b>9-<del>7/8</del>" 5/8</b>	<b>185' RKB</b>	<b>135 cu.ft. to surface</b>					
<b>7-7/8"</b>	<b>4-1/2"</b>	<b>5565' RKB</b>	<b>1753 cu.ft. in 2 stages</b>					
	<b>1-1/2"</b>	<b>5315' RKB</b>						

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 <b>166</b>	Length of Test <b>3 hrs</b>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) <b>back pressure</b>	Tubing Pressure (shut-in) <b>1695 psi</b>	Casing Pressure (shut-in) <b>NA - packer</b>	Choke Size <b>1/2" pos.</b>

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.

**Thomas A. Dugan** (Signature)  
Petroleum Engineer (Title)

**6-9-82** (Date)

OIL CONSERVATION DIVISION  
APPROVED **Original Signed by CHARLES SWOLSON** JUN. 11 1982  
BY **DEPUTY OIL & GAS INSPECTOR, DIST. #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 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.