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1000 Rio Brazos Rd., Aztec, NM 87410

## OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <b>DUGAN PRODUCTION CORP.</b>		Well API No. <b>30-045-27360</b>
Address <b>P.O. Box 420, Farmington, NM 87499</b>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Turks Toast</b>	Well No. <b>4</b>	Pool Name, Including Formation <b>Basin Dakota</b>	Kind of Lease State, (Federal) or Fee	Lease No. <b>NM-19163</b>
Location Unit Letter <b>L</b> : <b>1850</b> Feet From The <b>South</b> Line and <b>790</b> Feet From The <b>West</b> Line Section <b>17</b> Township <b>30N</b> Range <b>14W</b> , <b>NMPM</b> , <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>Conoco, Inc.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1429, Bloomfield, NM 87413</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>Dugan Production Corp.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 420, Farmington, NM 87499</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>L</b> Sec. <b>17</b> Twp. <b>30N</b> Rge. <b>14W</b>	Is gas actually connected? <b>Yes</b> When? <b>1-22-90</b>
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 <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <b>12-20-89</b>	Date Compl. Ready to Prod. <b>1-15-90</b>		Total Depth <b>6068'</b>		P.B.T.D. <b>5997'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>5625' GL; 5637' RKB</b>	Name of Producing Formation <b>Dakota</b>		Top Oil/Gas Pay <b>5793'</b>		Tubing Depth <b>5838'</b>			
Perforations <b>5793-5933 (Dakota)</b>					Depth Casing Shoe <b>6066'</b>			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>12-1/4"</b>	<b>8-5/8" OD</b>		<b>222'</b>		<b>171 cu.ft.</b>			
<b>7-7/8"</b>	<b>4-1/2" OD</b>		<b>6066'</b>		<b>2121 cu.ft. in 2 stages</b>			
	<b>1-1/4"</b>		<b>5838'</b>					

## V. TEST DATA AND REQUEST FOR ALLOWABLE

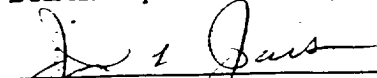
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)		
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
		Choke Size <b>JAN 22 1990</b>
		Gas - MCF
		<b>OIL CON. DIV.</b>
		<b>DIST. 3</b>

## GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Note: completed gas	well flowing to sales line for test	Casing Pressure (Shut-in)	Choke Size
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	<b>1750</b>	

## 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.

Signature  
**Jim L. Jacobs**

Geologist

Printed Name  
**1-22-90**

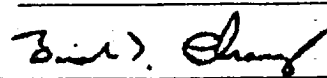
Title

Date

Telephone No.  
**325-1821**OIL CONSERVATION DIVISION  
**FEB 13 1990**

Date Approved

By



SUPERVISOR DISTRICT #3

Title

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.