Form C-104 Revised 10-1-78 4 NMOCD 1 Giant // McDougall I File NERGY AND MINERALS DEPARTMENT OIL CONSERVATION DIVISION ---5125/W P. O. BOX 2088 DISTRIBUTION SANTA FE SANTA FE, NEW MEXICO 87501 FILE U.S.G.S. LAND OFFICE REQUEST FOR ALLOWABLE TRANSPORTER AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS DPERATOR ı. PROMATION OFFICE Operator DUGAN PRODUCTION CORP. P O Box 208, Farmington, NM 87499 Reason(s) for filing (Check proper box) Other (Please explain) OIL CON. DIV. XX Change in Transporter of: Recompletion Dry Gas Condensate Change in Ownership Casinghead Gas If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE.

Well No. | Pool Name, Including Formation Kind of Lease Lean No NM 5100 State, Federal or Fee Fed. Undesignated Gallup 1 McDouga11 Location 1650 **Fast** J South Line and Feet From The Unit Letter 23N 10W San Juan 17 . NMPM. County Township Range Line of Section II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil XX or Condensate P O Box 256, Farmington, NM 87499
Address (Give address to which approved copy of this form is to be sent) Giant Refining, Inc. Name of Authorized Transporter of Casinghead Gas or Dry Gas Is gas actually connected? When Sec. Twp. Rge. Unit If well produces oil or liquids, TOW ! 17 23N J give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: **COMPLETION DATA** Same Res'v. Diff. Re Plug Back Oil Well Gas Well New Well Workover Designate Type of Completion - (X) XX XX P.B.T.D. Total Depth Date Compl. Ready to Prod. **5**520' 5108' 1-28-84 4-20-83 Top Oil/Gas Pay Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) 4160' 4418' 6572' GL Gallup Depth Casing Shoe 5512 Perforations 4160-4423, 31 holes TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE 9-5/8" 208' RKB 136 cf 12-1/4" 5512' RKB 4-1/2" 1414 cf in 2 stages 7-7/8" 2-3/8" 4418' (Test must be after recovery of total volume of load oil and must be equal to or exceed top alleable for this depth or be for full 24 hours) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Swab test; plan to set pumping unit. 1-29-84 1-28-84 Choke Size Casing Pressure Length of Test Tubing Pressure **5**0 psi 6 hrs. Water - Bbls. Actual Prod. During Test **TSTM** 10.BWPD - frac water **20** BOPD GAS WELL Gravity of Condensate Bbls. Condensate/MMCF Actual Prod. Test-MCF/D _ength of Test Cosing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) OIL CONSERVATION DIVISION I. CERTIFICATE OF COMPLIANCE FEB 1 6 1984 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. Original Signed by FRANK T. CHAVEZ BY_ 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 dewell, this form must be accompanied by a tabulation of the divisit tests taken on the well in accordance with RULE 111. (Signature) Jim L. Jacobs All sections of this form must be filled out completely for allo able on new and recompleted wells. Geologist (Title) Fill out only Sections I. II. III, and VI for changes of own well name or number, or transporter, or other such change of condition 1-13-84 Separate Forms C-104 must be filed for each pool in multiple completed wells. (Date)