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STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

TO BE COMPLETED BY	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-73
Format 05-01-83
Page 1REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator DUGAN PRODUCTION CORP.	
Address P O Box 208, Farmington, NM 87499	
Reason(s) for filing (Check proper box)	Other (Please explain)
☒ New Well ☐ Recompletion ☐ Change in Ownership	Change in Transporter of: ☐ Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name April Surprise	Well No. 5	Pool Name, including Formation Undesignated Gallup	Kind of Lease State, Federal or Fee Fed.	Lease No. NM 4958
Location				
Unit Letter B	660	Feet From The North	1830	Feet From The East
Line of Section 7	Township 23 North	Range 9 West	NMPM, San Juan County	

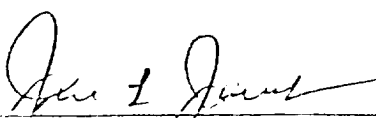
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ 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 ☐ or Dry Gas ☐	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 B Sec. 7 Twp. 23N Rge. 9W
Is gas actually connected?	When

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

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 is true and complete to the best of
my knowledge and belief.

 Jim L. Jacobs
 Geologist

(Signature)

(Title)

8-3-84

(Date)

RECEIVED**AUG 10 1984****OIL CON. DIV.
DIST. 3**

OIL CONSERVATION DIVISION

APPROVED **AUG 10 1984**, 19BY **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 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 allow-
able 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.

IV. COMPLETION DATA

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Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	XX		XX					
Date Spudded 6-3-84	Date Compl. Ready to Prod. 7-9-84		Total Depth 4955'			P.B.T.D. 4882'		
Elevations (DF, RKB, RT, GR, etc.) 6710' GL; 6722' RKB	Name of Producing Formation Gallup		Top Oil/Gas Pay 4517'			Tubing Depth 4736'		
Perforations 4517-4813', 32 holes						Depth Casing Shoe 4955'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	255' 201'	159 cf
7-7/8"	4-1/2"	4955'	1522 cf in 2 stages
	2 3/8	4736'	

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lost 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 7-9-84	Date of Test 8-2-84	Producing Method (Flow, pump, gas lift, etc.) flowing	
Length of Test 8 hrs	Tubing Pressure ---	Casing Pressure 275	Choke Size ---
Actual Prod. During Test	Oil-Bbls. 156 BOPD	Water-Bbls. -0-	Gas-MCF 75 MCFGPD

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/Mbbl CF	Gravity of Condensate
Testing Method (plug, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size

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DIST. 3