

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. AND TYPE			
DO. OF SUPPLY RECEIVED			
DISTRIBUTION			
ANALYSIS			
FILE			
S.U.S.			
AND OFFICE			
TRANSPORTER	OIL		
	GAS		
PERATOR			
ORATION OFFICE			
Operator			

DUGAN PRODUCTION CORP.

address P O Box 208, Farmington, NM 87401

Reason(s) for filing (Check proper box)				Other (Please explain)		
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:				
Incompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas		<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate		<input type="checkbox"/>

change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE.

DESCRIPTION OF WELL AND LEASE				Lease No.
Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Navajo Allotted
Lava Falls	1	Undesignated Gallup	WT	N00-C-14-
Location	20-4313			
Unit Letter	J	2310'	Feet From The South Line and 1570'	Feet From The East
Line of Section	27	Township	24N	Range 8W, NMPM, San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>					Box 1528, Farmington, NM 87401	
Inland Corp.						
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>					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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	J	27	24N	8W		

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

COMPLETION DATA

COMPLETION DATA				Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
Designate Type of Completion - (X)				XX		XX					
Date Spudded	10-14-81	Date Compl. Ready to Prod.	11-2-81	Total Depth				P.B.T.D.			
				5521'				5440'			
Elevations (DF, RAB, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay				Tubing Depth			
6770' GL		Gallup		5188				5318			
Perforations								Depth Casing Shoe			
5188-5366		37 holes						5523' RKB			

TUBING, CASING, AND CEMENTING RECORD

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	222' RKB	150 sx
7-7/8"	4-1/2"	5523' RKB	1540 cu.ft.--3 stages

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 11-2-81	Date of Test 11-2-81	Producing Method (Flow, pump, gas lift, etc.) flowing	
Length of Test 5.5 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 7	Water - Bbls.	Gas - MCF

RECEIVED
NOV 6 - 1981
OIL CON. COM.
DIST. 3

GAS WELL

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

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.

OIL CONSERVATION DIVISION

NOV 6 - 1981

APPROVED

APPROVED _____
BY _____ Original Signed by CHARLES GHOLSON

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #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 deviated tests taken on the well in accordance with RULE III.

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.

11-5-81