Schmit S Contra Appropriate District Office DIST: Intra

P.O. box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Aneria, NM 88210

Forth C-154 Revised 1-1-89 See Instructions at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 kio brizos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator	***************************************							Wel	I API Na	<del>- · · · · · · · · · · · · · · · · · · ·</del>	<del></del>			
DUGAN PRODUCTION CORP.						30-045-26997								
P.O. Box 420, Fari		NM 87	499											
Reason(s) for Filing (Check proper ban		Other (Please explain)												
New Well	The state of the s						Effective 5-1-90							
Recompletion	ecompletion U Oil X Dry Gas U nange in Operator Casinghead Gas Condensate							1						
If change of operator give name	Catalignes	i Gas [	Conoen	ingre [										
and address of previous operator	LANDERA	CC	<del></del>											
IL DESCRIPTION OF WEL			Dool No	and Inches										
March On	Well No.   Pool Name, Inc.   1 Bis								of Lease Lease No. Federal or Fee LG-5685					
Unit Letter	. 1720		E E	1	North .	ne and _1910	<b>1</b>	_	_	ldos +				
20	±110 24N							F	eet From The	West	Line			
			Range	9W		MPM, San	<u>Juan</u>	<del></del>		· · · · · · · · · · · · · · · · · · ·	County			
III. DESIGNATION OF TRA		OF OI		NATU			17-1							
Giant Refining Inc.					P.O. Box 256, Farmington, NM 87499									
Name of Authorized Transporter of Casi	ias 🔲	Address (Give address to which approved copy of this form is to be sent)												
Dugan Production Corp. (no change)					P.O. Box 420, Farmington, NM 87499									
give location of tanks.	vell produces oil or liquids, Unit Sec. Twp.  Rocation of tanks. F 32 24N 5				e. Is gas actually connected? When?  Yes 10-28-88									
If this production is commingled with that IV. COMPLETION DATA	from any other	lease or po	ol, give	commingi	ing order num	iber:			20 00					
Designate Type of Completion		Oil Well	Ga	is Well	New Well	Workover	Deep	en i	Plug Back	Same Res'v	Diff Res'v			
Date Spudded	Date Compl.	Ready to P	rod.		Total Depth	<u>L</u>	1	1	P.B.T.D.					
Sevations (DF, RKB, RT, GR, etc.) Name of Producing			ration		Top Oil/Gas Pay				Tubing Depth					
Perforations									Depth Casing Shoe					
									Cepti Casin	g snoe				
UOLE OUTE					D CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT					
		<del></del>		-										
. TEST DATA AND REQUES							· · · · · · · · · · · · · · · · · · ·		: 					
OIL WELL (Test must be after r. Date First New Oil Run To Tank	2	volume of l	oad oil i							full 24 show	3.)			
zie Fire New Oil Kun 10 12nk	Date of Test				Producing Me	thod (Flow, pur	mp, gas l	ifi, eu						
ength of Test	Tubing Pressure			10	Caring Pressure				Choke Size	W727 6	rall			
Actual Prod. During Test	Oil - Bbls	il - Bbls.				Water - Bbls.			Gas- MCF					
										· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
GAS WELL  Letted Fred. Test - MCF/D	Length of Test				NI 6									
Emailite rea-wei/b	Length of Text	·			Bbls. Condensate/MMCF			Gravity of Condensate						
ssing Method (pitot, back pr.)	Tubing Present	e (Sour-m)		C	asing Pressur	e (Shut-in)	<del>i</del>		Choke Size		· · · · · · · · · · · · · · · · · · ·			
L OPERATOR CERTIFICA	ATE OF CO	OMPLL	ANC	E I										
I hereby certify that the rules and regular					0	IL CON	SER	VA	TION D	IVISIO	N			
Division have been complied with and the true and complete to the best of my to		-	XOVE		<b>.</b> .		_	_						
()	4 -				Date	Approved			IPR 27.1	990				
Signature /					Ву	-	7	· ,	) d					
Tim L. Jacobs Geologist Friend Name Tale					Title_		SUP	ERU	ASOB NO	TRICT !	•			
4-25-90				11	Hille			· · · V	OUT DIS	NI HIGT	3			
Date		325-1 Telephon				-				_				

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 allo- able 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. which is  $T_i$  in Cold most be  $f_i$  of for each cold is modify completely with i