

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240  
DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210  
DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator **DUGAN PRODUCTION CORP.** Well API No. **30-045-07517**  
Address **P.O. Box 420, Farmington, NM 87499** ☐ Other (Please explain)  
Reason(s) for Filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☒ Oil ☐ Dry Gas ☐  
Change in Operator ☐ Casinghead Gas ☐ Condensate ☐  
If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE  
Lease Name **Redfern** Well No. **1** Pool Name, Including Formation **Undes. Farmington (Sand)** Kind of Lease **State (Federal) or Fee** Lease No. **NM 021116**  
Location **Unit Letter A : 990 Feet From The North Line and 840 Feet From The East Line**  
**Section 16 Township 28N Range 11W, NMPM, San Juan County**

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
**Giant Refining, Inc.** **2809487** 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 ☐  
**Water pool 886350** 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 A Sec 16 Twp 28N Rge 11W** Is gas actually connected? ☐ When ?  
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 ☐ New Well ☐ Workover ☒ Deepen ☐ Plug Back ☒ Same Res'v ☐ Diff Res'v ☒  
Date Spudded **4-25-92** Date Compl. Ready to Prod. **8-28-92** Total Depth **1520' 1537'** P.B.T.D. **1360'**  
Elevations (DF, RKB, RT, GR, etc.) **5515' KB 5512 GA** Name of Producing Formation **Farmington Sand** Top Oil/Gas Pay **668'** Tubing Depth **704'**  
Perforations **668-695' Farmington** Depth Casing Shoe  
TUBING, CASING AND CEMENTING RECORD  
HOLE SIZE **8 7/8** CASING & TUBING SIZE **4 1/2** DEPTH SET **704'**  
**1 1/4"**

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 **8-28-92** Date of Test **9-1-92** Producing Method (Flow, pump, gas lift, etc.) **flowing**  
Length of Test **24 hrs.** Tubing Pressure **TSTM** Casing Pressure **40** Choke Size **2"**  
Actual Prod. During Test **10 BO, 0 BW, 30 MCF** Oil - Bbls. **10 BOPD** Water - Bbls. **0 BWPD** Gas - MCF **30 MCFD**

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

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.

**John Alexander**  
Signature **John Alexander** Operations Manager  
Printed Name **9/8/92** Telephone No. **325-1821**  
Date

OIL CONSERVATION DIVISION

Date Approved **SEP 28 1992**

By **[Signature]**  
Title **SUPERVISOR DISTRICT #3**

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 portions of this form must be filled out for allowable on new and recompleted wells.