

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator DUGAN PRODUCTION CORP.		Well API No. 30-045-21864
Address P.O. Box 420, Farmington, NM 87499		
Reason(s) for Filing (Check proper box)		<input checked="" type="checkbox"/> Other (Please explain) Pool Redesignation Per NMOCD Order No. R-8769 Effective 11-1-88
Well Completion <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Signature of operator give name address of previous operator		

DESCRIPTION OF WELL AND LEASE

Well Name Gallegos	Well No. 4	Pool Name, Including Formation Pinon Fruitland Sand	Kind of Lease State, Federal or Fee	Lease No. SF 078106
Location Unit Letter E : 1850 Feet From The North Line and 1120 Feet From The West Line Section 22 Township 28N Range 12W , NMPM San Juan County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Is of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Is of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Paso Natural Gas Company (no change)	P.O. Box 4990, Farmington, NM 87499
Well produces oil or liquids, location of tanks	Unit Sec. Twp. Rge. Is gas actually connected? When?
If production is commingled with that from any other lease or pool, give commingling order number	

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res v	Diff Res v
Spudded	Date Compl. Ready to Prod.		Total Depth		P B T D			
Units (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Casing		Depth Casing Shoe						

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable, (if different be for full 24 hours))

First New Oil Run To Tank	Date of Test	Producing Method (Flow, Appraisal, etc.)
of Test	Tubing Pressure	Casing Pressure
Prod. During Test	Oil - Bbls.	Water - Bbls.

RECEIVED
SEP 26 1990
OIL CON. DIV.
DIST. 3

WELL

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

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.

[Signature]
Name **L. Jacobs** Title **Geologist**
Date **September 24, 1990** Telephone No. **325-1821**

OIL CONSERVATION DIVISION

Date Approved **SEP 27 1990**

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