

DISTRICT I
 P.O. Box 420, Farmington, NM 87499
 DISTRICT II
 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. 30-045-23940

Address
 P.O. Box 420, Farmington, NM 87499

Reason(s) for Filing (Check proper box) **Other (Please explain)**

New Well **Change in Transporter of:**
Recompletion Oil Dry Gas Change of Transporter Effective 5-1-90
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 Com	Well No. 1E	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee	Lease No. LG 3736
--------------------------	-----------------------	---	---	-----------------------------

Location
 Unit Letter A : 810 Feet From The North Line and 940 Feet From The East Line
 Section 2 Township 29N Range 14W, 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
 El Paso Natural Gas Co. (no change) 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. 2 Twp. 29N Rge. 14W Is gas actually connected? Yes When? 2-11-80

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

V. **COMPLETION DATA**

Designate Type of Completion - (X)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v	<input type="checkbox"/> Diff Res'v
---	-----------------------------------	-----------------------------------	-----------------------------------	-----------------------------------	---------------------------------	------------------------------------	-------------------------------------	-------------------------------------

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations	Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

VI. **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) **RECEIVED**

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size APR 27 1990
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF OIL CON. DIV. DIST. 3

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

IV. **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.

Jim L. Jacobs
 Signature
 Jim L. Jacobs Geologist
 Title
 4-25-90 325-1821
 Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 27 1990

By *[Signature]*
 Title SUPERVISOR DISTRICT-13

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes. Separate Form C-104 must be filed for each pool in multiply completed wells.