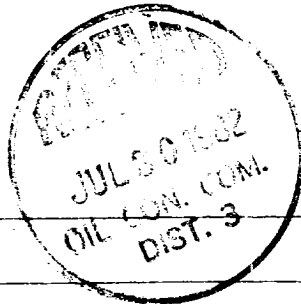


OIL CONSERVATION DIVISION

P. O. BOX 208
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS



NO. OF COPIES RECEIVED	
DISTRIBUTION	
DATE	
FILE	
U.S.D.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
REGISTRATION OFFICE	

DUGAN PRODUCTION CORP.

Address
P O Box 208, Farmington, NM 87401

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Change well name effective
7-29-82

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sapp C	Well No. 2	Pool Name, including Formation Escrito Gallup	Kind of Lease State, Federal or Fee Fed	Lease No. SF080230
Location Unit Letter D ; 660 Feet From The North Line and 330 Feet From The West Line of Section 5 Township 23N Range 7W, NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Refining, Inc.	Address (Give address to which approved copy of this form is to be sent) Box 256, Farmington, NM 87401				
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 D	Sec. 5	Twp. 23N	Rge. 7W	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	Some Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Elevations (D), 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			

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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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. CERTIFICATE OF COMPLIANCE

Name changed from Sapp #2 to Sapp C #2

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.

Thomas A. Dugan
Petroleum Engineer

7-29-82

OIL CONSERVATION DIVISION

JUL 30 1982

APPROVED
Original Signed by FRANK T. CHAVEZ

BY
SUPERVISOR DISTRICT # 3

TITLE

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 deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transportation or other such change of condition.

Separate Forms C-104 must be filled for each pool in multiply completed wells.