

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator  
DUGAN PRODUCTION CORP.

Address  
P O Box 208, Farmington, NM 87499

RECEIVED

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

FEB 03 1984

OIL CON. DIV  
DIST. 3

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name December Dream	Well No. 1	Pool Name, Including Formation Undesignated Gallup	Kind of Lease State, Federal or Fee Fed.	Lease No. NM 19816
Location Unit Letter C ; 1060 Feet From The North Line and 1670 Feet From The West Line of Section 7 Township 23N Range 9W , NMPM, San Juan County				

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) P O Box 256, Farmington, NM 87499			
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 C	Sec. 7	Twp. 23N	Rge. 9W
Is gas actually connected?		When		

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Date Spudded 12-29-83	Date Compl. Ready to Prod. 1-19-84		Total Depth 5936'		P.B.T.D. 5857'			
Elevations (DF, RKB, RT, GR, etc.) 6820' GL; 6832' RKB	Name of Producing Formation Gallup		Top Oil/Gas Pay 4499		Tubing Depth 4855' RKB			
Perforations 4499-4675, Upper Gallup (21 holes) and 4726-4883, Lower Gallup (32 holes)					Depth Casing Shoe 5936' RKB			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	9-5/8"	183 RKB	136 cf
8-3/4" & 7-7/8"	4-1/2"	5936 RKB	2395 cf in 2 stages
	2-3/8"	4855 RKB	

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 1-19-84	Date of Test 1-20-84	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 8 hrs	Tubing Pressure 50 psi SI	Casing Pressure 240 psi SI	Choke Size ---
Actual Prod. During Test	Oil - Bbls. 54 BOPD	Water - Bbls. 150 (frac fluid only)	Gas - MCF 45 MCFPD

GAS WELL

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

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)  
Geologist

2-1-84 (Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED FEB - 3 1984, 19

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT #3

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 transporter, or other such change of condition

Separate Forms C-104 must be filed for each pool in multiple