

OIL CONSERVATION DIVISION

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

District Office  
P.O. Box 2088, Aztec, NM 88210

District Office  
1000 E. Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

|                                    |                              |
|------------------------------------|------------------------------|
| Operator<br>DUGAN PRODUCTION CORP. | Well API No.<br>30-045-26435 |
|------------------------------------|------------------------------|

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

Reason(s) for Filing (Check proper box)

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

☐ Other (Please explain)

Change of Transporter Effective 5-1-90

If change of operator give name  
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

|                                  |                   |                                                      |                                                  |                               |
|----------------------------------|-------------------|------------------------------------------------------|--------------------------------------------------|-------------------------------|
| Lease Name<br>Bronze Medal       | Well No.<br>1     | Pool Name, Including Formation<br>South Bisti Gallup | Kind of Lease<br>State, Federal or Fee<br>Navajo | Lease No.<br>N00-C-14-20-7307 |
| Location<br>D 490 North 970 West | Unit Lateral<br>3 | Feet From The<br>23N                                 | Line and<br>10W                                  | Feet From The<br>San Juan     |
| Section<br>3                     | Township<br>23N   | Range<br>10W                                         | NMPM                                             | County                        |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                            |                                                                            |                                                                                                                |             |             |                                   |                  |
|----------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------|-------------|-----------------------------------|------------------|
| Name of Authorized Transporter of Oil<br>Giant Refining Inc.               | <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 256, Farmington, NM 87499 |             |             |                                   |                  |
| Name of Authorized Transporter of Casinghead Gas<br>Dugan Production Corp. | <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>    | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 420, Farmington, NM 87499 |             |             |                                   |                  |
| If well produces oil or liquids,<br>give location of tanks.                | Unit<br>D                                                                  | Sec.<br>3                                                                                                      | Twp.<br>23N | Rge.<br>10W | Is gas actually connected?<br>Yes | When?<br>3-31-86 |

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                        | 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      |            |            |
|                                     |                             |          |                 |          |        |                   |            |            |
|                                     |                             |          |                 |          |        |                   |            |            |
|                                     |                             |          |                 |          |        |                   |            |            |
|                                     |                             |          |                 |          |        |                   |            |            |

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 | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |
| Length of Test                 | Tubing Pressure | Casing Pressure                               |
| 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 (Sout-in) | Casing Pressure (Sout-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.

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

OIL CONSERVATION DIVISION

APR 26 1990

Date Approved

By

Signature  
SUPERVISOR DISTRICT #3

Title

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

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

4) This form must be filed for each pool in multiply completed wells.