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## OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <b>DUGAN PRODUCTION CORP.</b>		Well API No. 30-045-27146
Address P.O. Box 420, Farmington, NM 87499		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

**RECEIVED**  
MAY 02 1989  
OIL CON. DIV.  
DIST. 3

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Champ</b>	Well No. 6	Pool Name, Including Formation South Bisti Gallup	Kind of Lease State, Federal or Fee	Lease No. NM-42059
Location Unit Letter <b>O</b> : <b>990</b> Feet From The <b>South</b> Line and <b>1980</b> Feet From The <b>East</b> Line Section <b>5</b> Township <b>23N</b> Range <b>10W</b> , NMPM, <b>San Juan</b> 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"/> <b>Conoco, Inc.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1429, Bloomfield, NM 87413</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Dugan Production Corp.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 420, Farmington, NM 87499</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>C</b>	Sec. <b>5</b>	Twp. <b>23N</b>	Rge. <b>10W</b>	Is gas actually connected? <b>No</b>	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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 4-2-89	Date Compl. Ready to Prod. 4-25-89		Total Depth 4630'		P.B.T.D. 4565'			
Elevations (DF, RKB, RT, GR, etc.) 6510' GL; 6522' RKB	Name of Producing Formation Gallup		Top Oil/Gas Pay 4288'		Tubing Depth 4465'			
Perforations 4288' - 4484' - Gallup					Depth Casing Shoe 4630'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8" OD		205' RKB		159 cu. ft.			
7-7/8"	4-1/2" OD		4630' RKB		1688 cu. ft. in 2 stages			
	2-3/8" OD		4465' RKB					

## 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.)

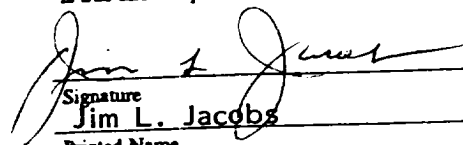
Date First New Oil Run To Tank 4-25-89	Date of Test 4-27-89	Producing Method (Flow, pump, gas lift, etc.) Swabbing	
Length of Test 4 1/2 hours	Tubing Pressure ---	Casing Pressure 75	Choke Size ---
Actual Prod. During Test 15 BO; *50 BLW; 12 MCF	Oil - Bbls. 80 BOPD	Water - Bbls. 265 BLWPD*	Gas- MCF 64 MCF

## GAS WELL (est) \*Water is frac fluid.

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. 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**  
Printed Name  
4-28-89  
Date

**Geologist**  
Title  
325-1821  
Telephone No.

## OIL CONSERVATION DIVISION

Date Approved **MAY 02 1989**  
By Original Signed by **FRANK T. CHAVEZ**  
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) Separate Form C-104 must be filed for each pool in multiply completed wells.