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1 File State of New Mexico 1 Chorney 1 Cramer  
 Energy, Minerals and Natural Resources Department  
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**OIL CONSERVATION DIVISION**  
 P.O. Box 2088  
 Santa Fe, New Mexico 87504-2088

**RECEIVED**  
 DEC 04 1989  
 OIL CONSERV. DIV.  
 DIST. 3

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
 TO TRANSPORT OIL AND NATURAL GAS**

Operator <b>DUGAN PRODUCTION CORP.</b>		Well API No. <b>API #30-045-27463</b>
Address <b>P.O. Box 420, Farmington, NM 87499</b>		
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 \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Flo-Jo</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>South Bisti Gallup Ext.</b>	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> or Fee	Lease No. <b>NM-36952</b>
Location				
Unit Letter <b>A</b>	<b>660</b>	Feet From The <b>North</b> Line and <b>330</b>	Feet From The <b>East</b> Line	
Section <b>1</b>	Township <b>23N</b>	Range <b>11W</b>	<b>NMPM, 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</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>A</b>	Sec. <b>1</b>	Twp. <b>23N</b>	Rge. <b>11W</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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded <b>11-2-89</b>	Date Compl. Ready to Prod. <b>11-22-89</b>		Total Depth <b>4670'</b>		P.B.T.D. <b>4585'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>6555' GL; 6567' RKB</b>	Name of Producing Formation <b>Gallup</b>		Top Oil/Gas Pay <b>4358'</b>		Tubing Depth <b>4517'</b>			
Perforations <b>4358'-4539' Gallup</b>					Depth Casing Shoe <b>4672'</b>			
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>12-1/4"</b>	<b>8-5/8"</b>		<b>208'</b>		<b>159 cu. ft.</b>			
<b>7-7/8"</b>	<b>4-1/2"</b>		<b>4672'</b>		<b>1483 cu. ft. in 2 stages</b>			
	<b>2-3/8"</b>		<b>4517'</b>					

**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 <b>11-22-89</b>	Date of Test <b>11-24-89</b>	Producing Method (Flow, pump, gas lift, etc.) <b>swabbing</b>	
Length of Test <b>9 hours</b>	Tubing Pressure <b>---</b>	Casing Pressure <b>220</b>	Choke Size <b>---</b>
Actual Prod. During Test <b>18 BO, 80 BW*, 11 MCF</b>	Oil - Bbls. <b>48 BOPD</b>	Water - Bbls. <b>213 BLWPD*</b>	Gas- MCF <b>29 MCFD</b>

**GAS WELL** \*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 Geologist  
 Printed Name Jim L. Jacobs Title  
 Date 11-29-89 Telephone No. 325-1821

**OIL CONSERVATION DIVISION**

Date Approved DEC 11 1989

By Original Signed by FRANK T. CHAVEZ

Title SUPERVISOR DISTRICT 3

- 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.