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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DUGAN PRODUCTION CORP.

Address
P O Box 208, Farmington, NM 87401

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of:
Recompletion ☒	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE		Kind of Lease	Lease No.
Lease Name	Well No.	State, Federal or Fee	
Found It	25	Fed	NM 28703
Pool Name, Including Formation			
Gavilan Pictured Cliffs			
Location			
Unit Letter	1800	Feet From The	East
G		North	Line and 1650
Line of Section		Township	Range
1030	25 North	1 West	NMPM, Rio Arriba

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil ☐	or Condensate ☐		
Name of Authorized Transporter of Casinghead Gas ☐	or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Co.		Box 990, Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
			Rge.
		Is gas actually connected?	When

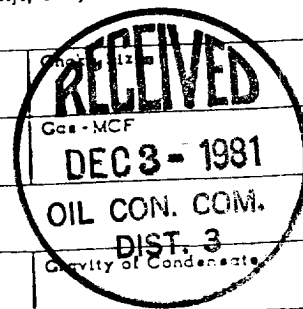
If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA		New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't
Designate Type of Completion - (X)							
		Oil Well	Gas Well				
			XX				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
Re-entry 10-1-81	10-29-81	3869'	3828'				
Elevations (DF, RAB, RT, GR, etc.,)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
7642	Pictured Cliffs	3740	3746'				
Perforations		Depth Casing Shoe					
3740-3780, 20 holes							

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8-5/8"	124'	120 SX
	5 1/2"	3866'	175 SX
	1 1/4"	3746'	

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	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	



GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test		
161	3 hrs		
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
back pressure	225	340	1/2" pos.

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.

Thomas A. Dugan
Petroleum Engineer

12-1-81

OIL CONSERVATION DIVISION

12-23-81
APPROVED

BY Original Signed by FRANK J. CHAVEL
SUPERVISOR DISTRICT 4

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 deviated 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. Form C-104 must be filled for each pool in multiple.