

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I. Operator
Dugan Production Corp.

Address
P O Box 208

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

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name A New Dawn	Well No. #3	Pool Name, Including Formation Basin Dakota	Kind of Lease Jicarilla State, Federal or Fee Apache	Lease No. Contract 37-B
Location Unit Letter <u>D</u> ; <u>800'</u> Feet From The <u>North</u> Line and <u>800'</u> Feet From The <u>West</u>				
Line of Section <u>23</u> Township <u>24N</u> Range <u>5W</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>Twc</u>	Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P O Box 990, Farmington, NM 87401			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Pge.
				Is gas actually connected? When No

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.
		XX	XX					
Date Spudded 9-5-30	Date Compl. Ready to Prod. 1-8-81	Total Depth 7027'		P.B.T.D. 6903'				
Elevations (DF, RKB, RT, GR, etc.) 6675' GL	Name of Producing Formation Dakota	Top Oil/Gas Pay 6815		Tubing Depth 6831' RKB				
Perforations 6815, 17, 19, 21, 28, 30, 32, 41, 43, 45, 47, 49, 51				Depth Casing Shoe 7027' RKB				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			SACKS CEMENT			
12-1/4"	8-5/8"	286' RKB			150 sx class B + 2% CaC			
7-7/8"	4-1/2"	7027' RKB			1st stage 573 cu.ft.			
	1-1/2"	6831' RKB			2nd stage 1057 cu.ft.			

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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 1029 AOF	Length of Test 3 hrs	Bbls. Condensate/MMCF	Oil-MCF/MMCF
Testing Method (pitot, back pr.) back pressure	Tubing Pressure (Shut-in) 2114 SI	Casing Pressure (Shut-in) 2114 SI	Choke Size 3/8"

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission 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
(Title)
2-19-81
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 3 - 1981

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 multiply completed wells.