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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

3. C.

Operator DUGAN PRODUCTION CORP.	
Address P O Box 208, Farmington, NM 87401	
Reason(s) for filing (Check proper box) New Well ** <input checked="" type="checkbox"/> (not prev. reported) Recompletion <input type="checkbox"/> Change in Ownership <input type="checkbox"/>	Other (Please explain) **No oil sold to date. <i>Adel Franco</i> Well drilled in 1957 by Humble Oil. Recompleted in 1973 by Dugan Prod.

If change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

Lease Name Bumble	Well No. 1	Pool Name, including Formation <i>Cerro Maravilla</i>	Kind of Lease Navajo State, Federal or Fee Allotted	Lease No. 14-20-4311
Location Unit Letter <u>E</u> : <u>660'</u> Feet From The <u>West</u> Line and <u>1980'</u> Feet From The <u>North</u> Line of Section <u>27</u> Township <u>24N</u> Range <u>8W</u> , NMPM, <u>San Juan</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Refining, Inc.	Address (Give address to which approved copy of this form is to be sent) Box 256, Farmington, NM 87401				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) Box 990, Farmington, NM 87401				
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 27	Twp. 24N	Rge. 8W	Is gas actually connected? When

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well XX	Gas Well	New Well XX**	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 1957	Date Compl. Ready to Prod.		Total Depth 4395'		P.B.T.D. 4250'			
Elevations (DF, RKB, RT, CR, etc.) 6767' RKB	Name of Producing Formation		Top Oil/Gas Pay 4117'		Tubing Depth 4112'			
Perforations 4117-19 and 4125-29, 2 jets/ft.					Depth Casing Shoe 4394'			

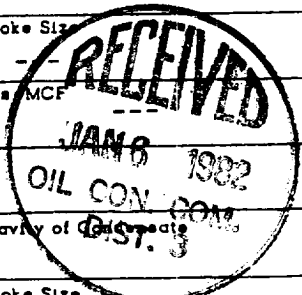
TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/2"	8-5/8"	309'	150 SX
7-7/8"	5-1/2"	4394'	1050 cu.ft.
	2-3/8"	4112'	

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 9-10-73	Date of Test 9-14-73	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 24 hrs.	Tubing Pressure 0	Casing Pressure 0	Choke Size
Actual Prod. During Test	Oil-Bbls. 1/2 bbl.	Water-Bbls. 4 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 (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

*Jim L. Jacobs*  
(Signature) Jim L. Jacobs  
Geologist

1-4-82

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
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 recompleted wells.