

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator DUGAN PRODUCTION CORP.	Well API No. 30-045-21996
Address P.O. Box 420, Farmington, NM 87499	
Reason(s) for Filing (Check proper box) ☐ New Well ☐ Recompletion ☐ Change in Operator ☐ Change in Transporter of: Oil ☐ Dry Gas ☒ Casinghead Gas ☐ Condensate ☐	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Big Eight	Well No. 1	Pool Name, including Formation Bisti Lower Gallup	Kind of Lease State, <u>Federal</u> or Fee	Lease No. NM 25440
Location Unit L 1530 Feet From The South Line and 840 Feet From The West Line Section 8 Township 24N Range 9W NMPM San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Giant Refining Inc. ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent) P.O. Box 256, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas Dugan Production Corp. (no change) ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent) P.O. Box 420, Farmington, NM 87499
If well produces oil or liquids, give location of tanks Unit L Sec 8 Twp 24N Rge 9W	Is gas actually connected? Yes When? 12-13-86
If this production is commingled with that from any other lease or pool, give commingling order number: R-5666	

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Fay	Tubing Depth					
Perforations			Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

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	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	Length of Test	Bbls Gas Produced	Gravity of Condensate
Testing Method (prod, 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
4-25-90
True
325-1821
Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 26 1990

By Burt D. Shoup
SUPERVISOR DISTRICT #3

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.