

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Dugan Production Corp.

P O Box 208, Farmington, NM 87499

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

|  |               |  |  |                           |
|--|---------------|--|--|---------------------------|
| Lease Name<br>Elwood P. Dowd   | Well No.<br>1 | Pool Name, Including Formation<br>Undesignated Pictured Cliffs | Kind of Lease<br>State, Federal or Fee | Lease No.<br>Fed. NM 9520 |
| Location<br>Unit Letter <u>P</u> : <u>1190</u> Feet From The <u>South</u> Line and <u>790</u> Feet From The <u>East</u><br>Line of Section <u>10</u> Township <u>24 N</u> Range <u>9W</u> , NMPM, <u>San Juan</u> County |               |  |  |                           |

|  |      |      |      |      |   |      |
|--|------|------|------|------|---|------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>  |      |      |      |      | 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"/><br>Dugan Production Corp. |      |      |      |      | Address (Give address to which approved copy of this form is to be sent)<br>P O Box 208, Farmington, NM 87499 |      |
| If well produces oil or liquids,<br>give location of tanks.  | Unit | Sec. | Twp. | Rge. | Is gas actually connected?<br>No  | When |

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

### COMPLETION DATA

| COMPLETION DATA   |  |  |          |                          |          |                               |           |              |               |
|---|--|--|----------|--------------------------|----------|-------------------------------|-----------|--------------|---------------|
| Designate Type of Completion - (X)                      |  | Oil Well                                       | Gas Well | New Well                 | Workover | Deepen                        | Plug Back | Same Rest'v. | Diff. Rest'v. |
| Date Spudded<br>5-30-79                                 |  | Date Compl. Ready to Prod.<br>4-23-83          |          | Total Depth<br>2814'     |          | P.B.T.D.<br>2270'             |           |              |               |
| Elevations (D.F., R.K.B., R.T., G.R., etc.)<br>6729' GL |  | Name of Producing Formation<br>Pictured Cliffs |          | Top Oil/Gas Pay<br>1740' |          | Tubing Depth<br>1750'         |           |              |               |
| Perforations<br>1740-44', 8 holes                       |  |  |          |                          |          | Depth Casing Shoe<br>2814' GL |           |              |               |

## TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
| 8-3/4"    | 7"                   | 69' GL    | 41 cf        |
| 5-1/8"    | 2-7/8"               | 2814' GL  | 315 cf       |
|           | 1-1/4"               | 1750'     |              |

**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          | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| 88                               | 3 hrs                     | ---                       | ---                   |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |
| one point back pressure          | 194                       | 468                       | 1/2"                  |

## 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 (Signature)  
Petroleum Engineer

5-9-83

(Title)

(Date)

OIL CONSERVATION DIVISION

5-25-83  
APPROVED \_\_\_\_\_, 19\_\_

BY Original Signed by FRANK T. CHAVEZ

TITLE \_\_\_\_\_ SUPERVISOR DISTRICT 25

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 allowance 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.