

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NAME OF COMPANY	
DISTRIBUTION	
STATE	
LE	
S.S.B.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
PERMIT	
PERMIT OFFICE	
PERMIT	

Dugan Production Corp.

Box 208, Farmington, NM 87401

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☒Condensate ☐

Other (Please explain)

Effective June 1, 1981

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name
Merry MayWell No.
1Pool Name, Including Formation
Gallup - Undesignated

Kind of Lease

State, Federal or Fee Fed. NM

Lease No.

25842

Location

Unit Letter I : 1850 Feet From The South Line and 790 Feet From The East

Line of Section 24 Township 24N Range 10W, NMPM, San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒

Inland

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐

Dugan Production Corp.

If well produces oil or liquids,
give location of tanks.

Unit I Sec. 24 Twp. 24N Rge. 10W

Address (Give address to which approved copy of this form is to be sent)

P.O. Box 1528, Farmington, NM 87401

Address (Give address to which approved copy of this form is to be sent)

P.O. Box 208, Farmington, NM 87401

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)

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 Pay	Tubing Depth
			Depth Casing Shoe

Perforations

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)

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

President

6-1-81

OIL CONSERVATION DIVISION

JUN 9 1981

APPROVED

BY

Original Signed by FRANK DAVIE

SUPERVISOR DISTRICT # 3

TITLE

This form is to be filled in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition.

