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MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OIL CON. COM. DIST. 3

Dugan Production Corp.

P O Box 208, Farmington, NM 87401

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:
Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)
E P G.
* CORRECTION OF TRANSPORTER

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
Sixteen G's	#3	Bisti Lower Gallup	Fed	NM 25433

Unit Letter C : 660' Feet From The North Line and 1950' Feet From The West

Section 7 Township 24N Range 9W NMPM San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil XXX or Condensate ☐
Inland Corp.
Address (Give address to which approved copy of this form is to be sent)
P O Box 1528, Farmington, NM 87401

Name of Authorized Transporter of Casinghead Gas XX or Dry Gas ☐
Dugan Production Corp.
Address (Give address to which approved copy of this form is to be sent)
P O Box 208, Farmington, NM 87401

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

Unit	Sec.	Twp.	Rge.
C	7	24N	9W

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
	XX		XX					

Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
7-7-81	8-6-81	6485'	6230'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
6845' GL	Gallup	5406'	5497'

Perforations	Depth Casing Shoe
5406-18 & 5438-52	6492'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12¼"	8-5/8"	207' RKB	135 sx Class B 2% CaCl
7-7/8"	4-1/2"	6492'	900 sx in 2 stages
	2-3/8"	5497' RKB	

TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, Pump, gas lift, etc.)	
	8-11-81	pumping	

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
4 hrs	flow-swb 0 SI 880 psi	flow-swb – 360 SI 910 psi	swab test

Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	10	frac	13 est.

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate

Testing Method (pitot, 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.

T. A. Dugan

(Signature) Thomas A. Dugan

OIL CONSERVATION DIVISION

APPROVED OCT 13 1981, 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 allow-