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OIL CONSERVATION DIVISION  
P. O. BOX 2083  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED  
JUL 19 1985  
OIL CON. DIV.  
DIST. 2

Operator DUGAN PRODUCTION CORP.

Address P.O. Box 208, Farmington, NM 87499

Person(s) for filing (Check proper box)		Change in Transporter of:		Other (Please explain)
<input type="checkbox"/> New Well	<input type="checkbox"/> Recombination	<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas	Effective 7-19-85
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Castorhead Gas	<input type="checkbox"/> Condensate	<input type="checkbox"/> Condensate	

Change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Lease Name		3	Bisti Lower Gallup	State, Federal or F. Federal	NM 25433
Location					
Unit Letter	C	Feet From The	North	Line and	1950
Line of Section	7	Township	24N	Range	9W
		NMPM,		San Juan	County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		P.O. Box 1320, Farmington, NM 87499	
Name of Authorized Transporter of Castorhead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
Dugan Production Corp. (No Change)		P.O. Box 208, Farmington, NM 87499	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	C	7	24N
			9W

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.		APPROVED _____	
BY _____		BY _____	
TITLE _____		TITLE _____	
This form is to be filed in compliance with RULE 1104.		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 deviated tests taken on the well in accordance with RULE 111.		If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated 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.		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 owner, well name or number, or transporter, or other such change of condition.		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 multiple completed wells.		Separate Forms C-104 must be filed for each pool in multiple completed wells.	

Jim L. Jacobs (Signature)  
Geologist  
July 18, 1985 (Date)

JUL 19 1985  
SUPERVISOR DISTRICT # 3

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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

I. Operator **DUGAN PRODUCTION CORP.**

Address **P O Box 208, Farmington, NM 87401**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well	<input type="checkbox"/>	Change in Transporter of:		<b>Effective 5-1-82</b>
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>	
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	

Dry Gas ☐ Condensate ☐

If change of ownership give name  
and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Sixteen G's</b>	Well No. <b>3</b>	Pool Name, Including Formation <b>Bisti Lower Gallup</b>	Kind of Lease State, Federal or Free <b>Federal</b>	Lease No. <b>NM 25433</b>
Location				
Unit Letter <b>C</b>	<b>660</b>	Feet From The <b>North</b>	Line and <b>1950</b>	Feet From The <b>West</b>
Line of Section <b>7</b>	Township <b>24N</b>	Range <b>9W</b>	, NMPM, <b>San Juan</b> County	

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<b>Giant Refining, Inc.</b>	<b>Box 256, Farmington, NM 87401</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<b>Dugan Production Corporation</b>	<b>Box 208, Farmington, NM 87401</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>C</b>	Sec. <b>7</b>	Twp. <b>24N</b>	Rge. <b>9W</b>	Is gas actually connected?	When

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

## 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 Pay		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)

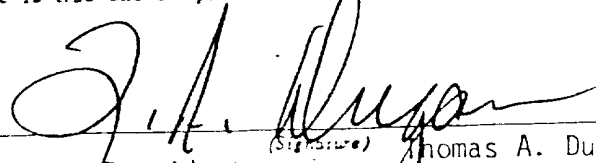
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

## GAS WELL

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

## VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

  
\_\_\_\_\_  
President  
\_\_\_\_\_  
4-23-82  
\_\_\_\_\_  
(Date)

## OIL CONSERVATION COMMISSION

APPROVED **APR 26 1982**, 19\_\_\_\_\_  
Original Signed by **FRANK T. CHAVEZ**  
BY \_\_\_\_\_  
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.