

STATE OF NEW MEXICO OIL AND MINERALS DEPARTMENT		4 NMUCD	2 MF	1 FILE 1 Giant	Form C-104 Revised 10-1-78																				
<table><tr><td>DEPARTMENT</td><td></td></tr><tr><td>DISTRIBUTION</td><td></td></tr><tr><td>SANTA FE</td><td></td></tr><tr><td>FILE</td><td></td></tr><tr><td>U.S.G.S.</td><td></td></tr><tr><td>LAND OFFICE</td><td></td></tr><tr><td>TRANSPORTER</td><td>OIL</td></tr><tr><td></td><td>GAS</td></tr><tr><td>OPERATOR</td><td></td></tr><tr><td>PRODUCTION OFFICE</td><td></td></tr></table>		DEPARTMENT		DISTRIBUTION		SANTA FE		FILE		U.S.G.S.		LAND OFFICE		TRANSPORTER	OIL		GAS	OPERATOR		PRODUCTION OFFICE		OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501			
DEPARTMENT																									
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REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS																									
Operator DUGAN PRODUCTION CORP.																									
Address P O Box 208, Farmington, NM 87401																									
Reason(s) for filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership <input type="checkbox"/>					Other (Please explain)																				
Change in Transporter of: Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/>					Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/>																				
If change of ownership give name and address of previous owner																									
DESCRIPTION OF WELL AND LEASE																									
Lease Name MF	Well No. 4	Pool Name, Including Formation Bisti Gallup Extension		Kind of Lease State, Federal or Fee Fed.	Lease No. NM 16760																				
Location Unit Letter H 1520 Feet From The North Line and 790 Feet From The East Line of Section 14 Township 24 N Range 10W, NMPM, San Juan County County																									
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS																									
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Refining, Inc.			Address (Give address to which approved copy of this form is to be sent) P O Box 256, Farmington, NM 87401																						
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> 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 H	Sec. 14	Twp. 24N	Rge. 10W	Is gas actually connected? When NO																				
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 XX	Gas well	New Well XX	Workover	Deepen																				
Date Spudded 2-12-82	Date Compl. Ready to Prod. 5-1-82	Total Depth 6400'	P.B.T.D. 6095'																						
Elevations (DF, RKB, RT, GR, etc.) 6857' GL	Name of Producing Formation Gallup	Top Oil/Gas Pay 5132	Tubing Depth 5334' RKB																						
Perforations 5132-5348, GA, Total 48 holes			Depth Casing Shoe 6412' RKB																						
TUBING, CASING, AND CEMENTING RECORD																									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT																						
12-1/4"	8-5/8"	201' RKB	135 sx class B																						
7-7/8"	4-1/2"	6412' RKB	400 sx 1st stage																						
	2-3/8"	5334' RKB	575 sx 2nd stage																						
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 5-14-82	Date of Test 5-17-82	Producing Method (Flow, pump, gas lift, etc.) pumping																							
Length of Test 24 hrs	Tubing Pressure NA	Casing Pressure 25 psi	Choke Size NA																						
Actual Prod. During Test	Oil-Bbls. 40	Water-Bbls. 60 (frac water)	Gas-MCF 35 est.																						
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																						
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 Petroleum Engineer 5-17-82																									
OIL CONSERVATION DIVISION APPROVED MAY 19 BY Original Signed by FRANK T. CHAVEZ SUPERVISOR DISTRICT # 3 TITLE 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. Separate Forms C-104 must be filed for each pool in multiply																									