

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Arriba Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-114
Revised 1-1-85
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator: DUGAN PRODUCTION CORP. Well API No: 30-045-25918
Address: P.O. Box 420, Farmington, NM 87499
Reason(s) for Filing (Check proper box):
New Well ☐ Change in Transporter of: ☐ Other (Please explain):
Recompletion ☐ Oil ☒ Dry Gas ☐ Effective 5-1-90
Change in Operator ☐ Casinghead Gas ☐ Condensate ☐
If change of operator give name and address of previous operator:

II. DESCRIPTION OF WELL AND LEASE
Lease Name: Wac Well No: 1 Pool Name, Including Formation: Bisti Lower Gallup Kind of Lease: State, Federal or Fee Lease No: NM 36473
Location: Unit Letter: D : 790 Feet From The North Line and 890 Feet From The West Line
Section: 17 Township: 24N Range: 9W NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent):
Giant Refining Inc. P.O. Box 256, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent):
Dugan Production Corp. (no change) P.O. Box 420, Farmington, NM 87499
If well produces oil or liquids, give location of tanks: Unit: D Sec: 17 Twp: 24N Rge: 9W Is gas actually connected? yes When? 8-9-85
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 Tank 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) Choke Size

VI. OPERATOR 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.
Signature: Jim L. Jacobs Geologist
Printed Name: 4-26-90 Title: 325-1821
Date: Telephone No.

OIL CONSERVATION DIVISION
Date Approved: APR 27 1990
By: Supervisor District #3
Title:

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104
1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
2) All sections of this form must be filled out for allowable on new and recompleted wells.
3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.