

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 Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department  
  
**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

|                                                                                         |                                                                             |                                     |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------------------|
| Operator<br><b>DUGAN PRODUCTION CORP.</b>                                               |                                                                             | Well API No.<br><b>30-045-26034</b> |
| Address<br><b>P.O. Box 420, Farmington, NM 87499</b>                                    |                                                                             |                                     |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) |                                                                             |                                     |
| <input type="checkbox"/> New Well                                                       | Change in Transporter of:                                                   | <b>Effective 5-1-90</b>             |
| <input type="checkbox"/> Recompletion                                                   | <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas    |                                     |
| <input type="checkbox"/> Change in Operator                                             | <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate |                                     |
| If change of operator give name and address of previous operator                        |                                                                             |                                     |

**II. DESCRIPTION OF WELL AND LEASE**

|                                   |                        |                                                             |                                               |                              |
|-----------------------------------|------------------------|-------------------------------------------------------------|-----------------------------------------------|------------------------------|
| Lease Name<br><b>Silver Medal</b> | Well No.<br><b>1</b>   | Pool Name, Including Formation<br><b>South Bisti Gallup</b> | Kind of Lease<br>State, <u>Federal</u> or Fee | Lease No.<br><b>NM 21741</b> |
| Location                          |                        |                                                             |                                               |                              |
| Unit Letter<br><b>M</b>           | <b>620</b>             | Feet From The <b>South</b> Line and <b>620</b>              | Feet From The <b>West</b> Line                |                              |
| Section<br><b>27</b>              | Township<br><b>24N</b> | Range<br><b>10W</b>                                         | <b>NMPM 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>P.O. Box 256, Farmington, NM 87499</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 Corp. (no change)</b>                                                                                | <b>P.O. Box 420, Farmington, NM 87499</b>                                |                   |                    |                    |                                          |                         |
| If well produces oil or liquids, give location of tanks                                                                  | Unit<br><b>M</b>                                                         | Sec.<br><b>27</b> | Twp.<br><b>24N</b> | Rge.<br><b>10W</b> | Is gas actually connected?<br><b>yes</b> | When?<br><b>6-13-85</b> |
| If this production is commingled with that from any other lease or pool, give commingling order number:                  |                                                                          |                   |                    |                    |                                          |                         |

**IV. COMPLETION DATA**

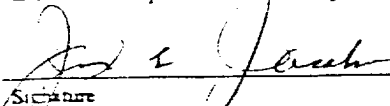
|                                            |                             |          |                 |                   |              |           |            |            |
|--------------------------------------------|-----------------------------|----------|-----------------|-------------------|--------------|-----------|------------|------------|
| 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 |              |           |            |            |
| <b>TUBING, CASING AND CEMENTING RECORD</b> |                             |          |                 |                   |              |           |            |            |
| HOLE SIZE                                  | CASING & TUBING SIZE        |          | DEPTH SET       |                   | SACKS CEMENT |           |            |            |
|                                            |                             |          |                 |                   |              |           |            |            |
|                                            |                             |          |                 |                   |              |           |            |            |
|                                            |                             |          |                 |                   |              |           |            |            |

**V. TEST DATA AND REQUEST FOR ALLOWABLE**

|                                                                                                                                                                |                           |                                               |                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------------------------------|-----------------------|
| <b>OIL WELL</b> (Test must be after recovery of total volume of load oil and must be equal to or exceed ton 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                               | Choke Size            |
| Actual Prod. During Test                                                                                                                                       | Oil - Bbls.               | Water - Bbls.                                 | Gas - MCF             |
|                                                                                                                                                                |                           | <b>APR 27 1990</b>                            |                       |
| <b>GAS WELL</b>                                                                                                                                                |                           |                                               |                       |
| 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. OPERATOR CERTIFICATE OF COMPLIANCE**

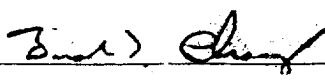
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

  
Signature  
**Jim L. Jacobs**  
Printed Name  
**4-26-90**  
Date

**Geologist**  
Title  
**325-1821**  
Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved **APR 27 1990**

By   
Title **SUPERVISOR DISTRICT #3**

**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.