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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
DUGAN PRODUCTION CORP.

Address
P O Box 208, Farmington, NM 87499

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

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DIST. 3

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gold Medal	Well No. 1	Pool Name, including Formation Undesignated Gallup	Kind of Lease State, Federal or Free Federal	Lease No. NM 22044
Location Unit Letter <u>H</u> : <u>1750</u> Feet From The <u>North</u> Line and <u>830</u> Feet From The <u>East</u> Line of Section <u>34</u> Township <u>24N</u> Range <u>10W</u> , NMPM, San Juan 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"/> Giant Refining Co.	Address (Give address to which approved copy of this form is to be sent) P O Box 256, Farmington, NM 87499					
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 87499					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 34	Twp. 24N	Rge. 10W	Is gas actually connected? No	When est. 1-1-85

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

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.

Jim L. Jacobs (Signature)

Geologist

(Title)

8-30-84

(Date)

OIL CONSERVATION DIVISION

SEP 04 1984

APPROVED _____, 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 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 completed wells.

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		XX	XX	XX					
Date Spudded 8-1-84	Date Compl. Ready to Prod. 8-29-84		Total Depth 6050'			P.B.T.D. 5965'			
Elevations (DF, RKB, RT, GR, etc.) 6762' GL; 6774' RKB		Name of Producing Formation Gallup		Top Oil/Gas Pay 4655'			Tubing Depth 4926' RKB		
Perforations 4655 - 4939' Gallup							Depth Casing Shoe 6050'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	200' RKB	159 cf class "B" + 2% CaCl ₂
7-7/8"	4-1/2"	6050'	1971 cf in 2 stages
	2-3/8"	4926' RKB	

V. 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)

Date First New Oil Run To Tanks 8-28-84	Date of Test 8-29-84	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 8 hrs.	Tubing Pressure 0 psi	Casing Pressure 580 psi SI	Choke Size ---
Actual Prod. During Test	Oil - Bbls. 63 BOPD	Water - Bbls. 21 BWPD est.	Gas - MCF 123 MCFD

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