

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. 30-045-26498
Address P.O. Box 420, Farmington, NM 87499		
Reason(s) for Filing (Check proper box)		☐ Other (Please explain)
New Well ☐	Change in Transporter of:	Effective 5-1-90
Recompletion ☐	Oil ☒ Dry Gas ☐	
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	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
Oktoberfest	1	South Bisti Gallup	State, Federal or Fee	LG-9804
Location				
Unit Leger	A	900	Feet From The North Line and 750	Feet From The East Line
Section	36	Township	24N	Range 10W N.M.P.M. San Juan Country

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	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	A	36	24N	10W	yes	1-3-86

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.)	RECEIVED APR 27 1990 OIL CON. DIV.
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	Gravity of Condensate
Sealing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-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

 Title
 Geologist

 Telephone No.
 325-1821

OIL CONSERVATION DIVISION

Date Approved APR 27 1990
By [Signature]
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.