

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator DUGAN PRODUCTION CORP.	Well API No. 30-045-27693
Address P.O. Box 420, Farmington, NM 87499	
Reason(s) for Filing (Check proper box): New Well <input checked="" type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain) <input type="checkbox"/>	
If change of operator give name and address of previous operator	

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OIL CON. DIV.
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name Road Runner	Well No. 1	Pool Name, Including Formation South Bisti Gallup Ext.	Kind of Lease (State) Federal or Fee	Lease No. V-2364
Location Unit Letter 0 : 660 Feet From The South Line and 1980 Feet From The East Line Section 36 Township 24N Range 11W , 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, Inc.	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 420, Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 36	Twp. 24N	Rge. 11W	Is gas actually connected? No	When ?

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 XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 4-18-91	Date Compl. Ready to Prod. 6-3-91		Total Depth 4700'		P.B.T.D. 4648'			
Elevations (DF, RKB, RT, GR, etc.) 6565' GL; 6577' RKB	Name of Producing Formation Gallup		Top Oil/Gas Pay 4394'		Tubing Depth 4578'			
Perforations 4394' - 4575' Gallup					Depth Casing Shoe 4699'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8" OD	217' RKB	177 cf
7-7/8"	4-1/2" OD	4699' RKB	1883 cf in 2 stages
	2-3/8" OD	4578'	

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 6-3-91	Date of Test 6-5-91	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 24 hrs.	Tubing Pressure 20 psi	Casing Pressure 20 psi	Choke Size ---
Actual Prod. During Test 7 BO, 40 BLW, 12 MCF	Oil - Bbls. 7 BOPD	Water - Bbls. 40 BLWPD**	Gas - MCF 12 MCFD

GAS WELL **Water is frac fluid.

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
6-5-91
Date
Geologist
Title
325-1821
Telephone No.

OIL CONSERVATION DIVISION

JUN 03 1991

Date Approved

By Original Signed by **FRANK T. CHAVEZ**

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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.