

Revised 1-1-89
See Instructions
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OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

JUL 10 1991

OIL CON. DIV.
TION DIST. 3

V3003 N

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

DISTRICT III
000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Dugan Production Corp.		Well API No. 30-045-28537	
Address P.O. Box 420, Farmington, NM 87499			
Reason(s) for Filing (Check proper box)		<input type="checkbox"/> Other (Please explain)	
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"/>
Change of operator give name and address of previous operator			

DESCRIPTION OF WELL AND LEASE

Case Name Target	Well No. 1	Pool Name, Including Formation Undes. Gallup	Kind of Lease State, <u>Federal</u> or Fee	Lease No. NM 43442
Location Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>20</u> Township <u>24N</u> Range <u>10W</u> , NMPM, San Juan County				

I. 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)	
Piant Refining, Inc.					P.O. Box 256, Farmington, NM 87499	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Well produces oil or liquids, or location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? No	When ?
If this production is commingled with that from any other lease or pool, give commingling order number:						

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
Is Spudded 5-9-91	Date Compl. Ready to Prod. 6-27-91		Total Depth 4930'			P.B.T.D. 4896'		
Measurements (DF, RKB, RT, GR, etc.) 6617' GL	Name of Producing Formation Gallup		Top Oil/Gas Pay 4754'			Tubing Depth 4812'		
Measurements 4754-4829' (Gallup)						Depth Casing Shoe 4935' RKB		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8" OD	209' RKB	159 cf
7-7/8"	4-1/2" OD	4935' RKB	2023 cf in 2 stages
	2-3/8"	4812' RKB	

TEST DATA AND REQUEST FOR ALLOWABLE

L 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.)

1st New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
6-27-91	7-2-91	pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	---	40 psi	---
Daily Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF
10 BO, 40 BLW*	10 BOPD	*40 BLWPD	TSTM

AS WELL *water is frac fluid.

Initial Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Sealing Method (<i>pilot, back pr.</i>)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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 Jim L. Jacobs Geologist

Date 7-02-91 Title

Telephone No. 325-1821

OIL CONSERVATION DIVISION

Date Approved JUL 03 1991

By _____ Original Signed By CHARLES GHOLSON

Title DEPUTY OIL & GAS INSPECTOR, DIST. #9

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.