

# 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. 30-045-28584
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"/>
If change of operator give name and address of previous operator	

RECEIVED  
JUN - 4 1992

OIL CON. DIV.  
DIST. 3

### I. DESCRIPTION OF WELL AND LEASE

Lease Name St. Moritz	Well No. 1	Pool Name, Including Formation South Bisti Gallup	Kind of Lease State, (Federal) or Fee	Lease No. NM 78060
Location Unit Letter M : 660 Feet From The South Line and 660 Feet From The West Line Section 26 Township 24N Range 10W, NMPM, San Juan County				

### II. 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					
Well produces oil or liquids, or location of tanks.	Unit M	Sec. 26	Twp. 24N	Rge. 10W	Is gas actually connected? no	When? asap

this production is commingled with that from any other lease or pool, give commingling order number:

### III. 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 3-25-92	Date Compl. Ready to Prod. 4-21-92		Total Depth 5023'		P.B.T.D. 4955'			
Productions (DF, RKB, RT, GR, etc.) 6720' GL	Name of Producing Formation Gallup		Top Oil/Gas Pay 4682'		Tubing Depth 4804'			
Perforations 4682-4881' (Gallup)					Depth Casing Shoe 5023'			

### TUBING, CASING AND CEMENTING RECORD

HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8-5/8"	DEPTH SET 221'	SACKS CEMENT 177 cf
7-7/8"	4-1/2"	5023'	1819 cf in 2 stages
	2-3/8"	4804'	

### 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.)

Date First New Oil Run To Tank 4-21-92	Date of Test 6-3-92	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 18 hrs	Tubing Pressure 90	Casing Pressure 90	Choke Size ---
Actual Prod. During Test 5 BO, 27 BLW*, 19 MCF	Oil - Bbls. 60 BOPD	Water - Bbls. 36 BLWPD*	Gas - MCF 25 MCFD

### AS 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

### IV. 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 Vice-President  
Printed Name  
6-4-92 325-1821  
Date Telephone No.

### OIL CONSERVATION DIVISION

Date Approved JUN - 4 1992

By Burt D. Shaw  
SUPERVISOR DISTRICT #3

Title

### 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.