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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. **Operator**
Dugan Production Corp.
Address
P. O. Box 208, Farmington, NM 87401
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
No oil produced.

If change of ownership give name
and address of previous owner _____

II. **DESCRIPTION OF WELL AND LEASE**
Lessee Name Sherman Edward **Well No.** 2 **Pool Name, including Formation** Blanco Mesaverde **Kind of Lease** State, Federal or Fee Federal **Lease No.** NM 23048
Location
Unit Letter M ; 730 Feet From The South Line and 580 Feet From The West
Line of Section 3 Township 29N Range 5W , NMPM, Rio Arriba County

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)**
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ **Address (Give address to which approved copy of this form is to be sent)**
Northwest Pipeline Corporation P. O. Box 90, Farmington, NM 87401
If well produces oil or liquids, give location of tanks. **Unit** **Sec.** **Twp.** **Rge.** **Is gas actually connected?** **When**

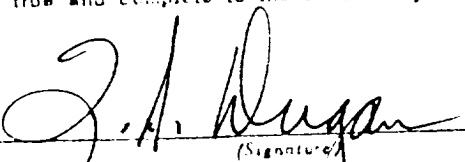
If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. **COMPLETION DATA**
Designate Type of Completion - (X) ☒ Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Some Rest'v. ☐ Diff. Rest'v.
Date Spudded **Date Compl. Ready to Prod.** **Total Depth** **P.B.T.D.**
Elevations (D_h 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 Tanks **Date of Test** **Producing Method (Flow, pump, gas lift, etc.)**
Length of Test **Tubing Pressure** **Casing Pressure** **Choke Size**
Actual Prod. During Test **Oil - Bbls.** **Water - Bbls.** **Gas - MCF**

GAS WELL
Actual Prod. Test - MCF/D **Length of Test** **Bbls. Condensate/MNCF** **Gravity of Condensate**
Testing Method (pilot, back pr.) **Tubing Pressure (Shut-in)** **Casing Pressure (Shut-in)** **Choke Size**

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 above is true and complete to the best of my knowledge and belief.

Thomas A. Dugan President
May 27, 1982
(Date)

OIL CONSERVATION DIVISION
JUN. 1 1982
APPROVED _____, 19____
BY Original Signed by CHARLES G. OLSON
TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #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 change of owner, well name or number, or transporter or other change of condition.
Separate Form C-104 must be filed for each pool in multiply completed wells.