

**DISTRICT II**  
P.O. Box 1980, Artesia, NM 88210

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

Operator <b>DUGAN PRODUCTION CORP.</b>		Well API No.
Address <b>P.O. Box 420, Farmington, NM 87499</b>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator		
Change in Transporter of: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas		<input type="checkbox"/> Other (Please explain) <b>Effective 5-1-90</b>
If change of operator give name and address of previous operator		

<b>II. DESCRIPTION OF WELL AND LEASE</b>		Lease No.
Lease Name <b>Central Cha Cha Unit</b>	Well No. <b>5</b>	Kind of Lease State, Federal or Fee
Pool Name, Including Formation <b>Cha Cha Gallup</b>		Lease No. <b>CA 8561</b>
Location Unit Letter <b>D C</b> : <b>810</b> Feet From The <b>North</b> Line and <b>890</b> Feet From The <b>West</b> Line		
Section <b>31</b>	Township <b>29N</b>	Range <b>13W</b>
NMPM		San Juan County

<b>III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS</b>		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <b>Meridian Oil Inc.</b>	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	<b>P.O. Box 4289, Farmington, NM 87499</b>	
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)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twsp.
			Rge.
Is gas actually connected?		When ?	
If this production is commingled with that from any other lease or pool, give commingling order number.			

<b>IV. COMPLETION DATA</b>		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res v	Diff Res v
Designate Type of Completion - (X)									
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					
<b>TUBING, CASING AND CEMENTING RECORD</b>									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				

<b>V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL</b> (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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

<b>GAS WELL</b>			
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

<b>VI. OPERATOR CERTIFICATE OF COMPLIANCE</b> 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.  <div><div><b>Bud Crane</b> Signature <b>Bud Crane</b> Printed Name <b>4-26-90</b> Date</div><div><b>Production Superintendent</b> Title <b>325-1821</b> Telephone No.</div></div>	<b>OIL CONSERVATION DIVISION</b>  Date Approved <b>APR 27 1990</b>  By <b>Bud Crane</b>  Title <b>SUPERVISOR DIST. OF AZ</b>
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**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

