

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator DUGAN PRODUCTION CORP.		Well API No. 30 045 08524
Address P.O. Box 420, Farmington, NM 87499		
<input type="checkbox"/> Other (Please explain)		
Effective 9/1/92		
Reason(s) for Filing (Check proper box)		
New Well	<input type="checkbox"/>	Change in Transporter of:
Recompletion	<input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator	<input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>
If change of operator give name and address of previous operator Texaco Exploration & Production Inc., 3300 North Butler, Farmington, NM 87401		

II. DESCRIPTION OF WELL AND LEASE		Kind of Lease State (Federal or Fee)	Lease No. 251750
Lease Name Garrett Federal Com	Well No. 1	Pool Name, Including Formation Basin Dakota	
Location			
Unit Letter J	2120	Feet From The South	Line and 1650
Section 12		Township 29N	Range 11W
		NMPM,	San Juan
		County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	P.O. Box 256, Farmington, NM 87499		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	P.O. Box 4990, Farmington, NM 87499		
El Paso Natural Gas Co.			
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 12	Twp. 29N
	Rge. 11W	Is gas actually connected? yes	
When ?			
If this production is commingled with that from any other lease or pool, give commingling order number:			

V. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion - (X)									
the Spudded	Date Compl. Ready to Prod.	Total Depth				P.B.T.D.			
ations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay				Tubing Depth			
orations						Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

ST DATA AND REQUEST FOR ALLOWABLE		Producing Method (Flow, pump, gas lift, etc.)	
'ELL (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 of Test		
at New Oil Run To Tank	Tubing Pressure	Casing Pressure	
' Test	Oil - Bbls.	Water - Bbls.	
ed. During Test			

ELL		Bbls. Condensate/MMCF	Gravity of Condensate
1 Test - MCF/D	Length of Test		
iod (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

RATOR CERTIFICATE OF COMPLIANCE	
ertify that the rules and regulations of the Oil Conservation ave been complied with and that the information given above complete to the best of my knowledge and belief.	
Jacobs	Geologist
2	Title
	325-1821
	Telephone No.

OIL CONSERVATION DIVISION	
Date Approved SEP 1 0 1992	
By	
SUPERVISOR DISTRICT # 3	
Title	

CTIONS: This form is to be filed in compliance with Rule 1104  
st for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance  
rule 111.  
ctions of this form must be filled out for allowable on new and recompleted wells.  
only Sections I II III. and VI for changes of operator, well name or number, transporter, or other such changes.