

Section 5  
P.O. Box DD, Azusa, NM 88210  
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## 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 <b>DUGAN PRODUCTION CORP.</b>	Well API No. <b>30-045-09178</b>
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 <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>	
Change of Transporter Effective 5-1-90 <input type="checkbox"/> Other (Please explain)	
Change of operator give name and address of previous operator	

#### DESCRIPTION OF WELL AND LEASE

Lease Name <b>Carpenter</b>	Well No. <b>1E</b>	Pool Name, Including Formation <b>Basin Dakota</b>	Kind of Lease State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> or Fee	Lease No. <b>NM 0206994</b> <b>SW 968</b>
Location <b>F</b>	<b>1850</b>	Feet From The <b>North</b>	<b>1480</b>	Feet From The <b>West</b>
Unit Lener		Line and		Line
Section <b>25</b>	Township <b>30N</b>	Range <b>14W</b>	<b>NMPM</b>	San Juan County

#### DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <b>Giant Refining Inc.</b>	<input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 256, Farmington, NM 87499</b>
Name of Authorized Transporter of Casinghead Gas <b>El Paso Natural Gas Co. (no change)</b>	<input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Well produces oil or liquids, e location of tanks.	Unit <b>F</b> Sec <b>25</b> Twp <b>30N</b> Rge <b>14W</b>	Is gas actually connected? <b>Yes</b> When? <b>5-28-80</b>
This production is commingled with that from any other lease or pool, give commingling order number.		

#### COMPLETION DATA

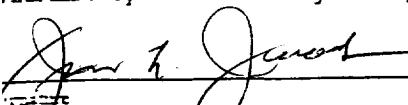
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Is Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Devations (DF, RKB, KT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Formations	Depth Casing Shoe							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

#### TEST DATA AND REQUEST FOR ALLOWABLE

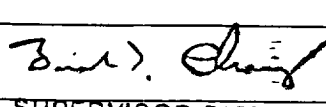
WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	<b>RECEIVED</b> <b>APR 27 1990</b> <b>OIL CON. DIV.</b> <b>DIST. 3</b>
Length of Test	Tubing Pressure	Casing Pressure	
Initial Prod. During Test	Oil - Bbls.	Water - Bbls.	
WELL			
Initial Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravty of Condensate
Flow Method (pilot, back pr.)	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.

  
Jim L. Jacobs  
Geologist  
Date **4-25-90**  
Title **325-1821**  
Telephone No.

#### OIL CONSERVATION DIVISION APR 27 1990

Date Approved  
By   
SUPERVISOR DISTRICT **13**  
Title

#### INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.