

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator

DUGAN PRODUCTION CORP.

Address

P O Box 208, Farmington, NM 87499

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)

If change of ownership give name  
and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Seven of Diamonds	Well No. 2	Pool Name, Including Formation Undes. Fruitland	Kind of Lease State, Federal or Fee	State	Lease No. E-3555-
Location Unit Letter <u>I</u> : <u>1850</u> Feet From The <u>South</u> Line and <u>790</u> Feet From The <u>East</u> Line of Section <u>2</u> Township <u>30N</u> Range <u>13W</u> , NMPM, <u>San Juan</u> Count					

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

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>El Paso Natural Gas Co.</u>	<u>P O Box 4990, Farmington, NM 87499</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					<u>No</u>	

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	Same Res'v.	Diff. Res.
		<u>XX</u>	<u>XX</u>					
Date Spudded <u>11-2-83</u>	Date Compl. Ready to Prod. <u>12-10-83</u>		Total Depth <u>2100' GL</u>		P.B.T.D. <u>2060'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>5925' GL</u>	Name of Producing Formation <u>Fruitland</u>		Top Oil/Gas Pay <u>1720'</u>		Tubing Depth <u>None</u>			
Perforations <u>1720-38, 10 holes</u>					Depth Casing Shoe <u>2097'</u>			

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>8-3/4"</u>	<u>7"</u>	<u>99' GL</u>	<u>41 cf</u>
<u>5-1/8"</u>	<u>2-7/8"</u>	<u>2097' GL</u>	<u>287 cf</u>

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 oil  
able 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 <u>256</u>	Length of Test <u>3 hrs.</u>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) <u>back pressure</u>	Tubing Pressure (Shut-in) <u>NA</u>	Casing Pressure (Shut-in) <u>680 psi</u>	Choke Size <u>1/2" pos.</u>

## 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.Jim L. Jacobs (Signature)  
Geologist12-20-83

(Title)

(Date)

OIL CONSERVATION DIVISION  
12-27-83  
APPROVED  
DEC 27 1983BY Original Signed by FRANK I. CHAVEZTITLE SUPERVISOR DISTRICT # 3This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deep  
well, this form must be accompanied by a tabulation of the devia  
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for al  
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of ow  
well name or number, or transporter, or other such change of condiSeparate Forms C-104 must be filed for each pool in multi  
completed wells.