

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator DUGAN PRODUCTION CORP.	
Address P O Box 208, Farmington, NM 87499	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## DESCRIPTION OF WELL AND LEASE

Lease Name Riviera	Well No. 1	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee	Lease No. Fed NM19403
Location				
Unit Letter <u>B</u> ; <u>1120</u> Feet From The <u>North</u> Line and <u>1850</u> Feet From The <u>East</u>				
Line of Section <u>18</u> Township <u>30N</u> Range <u>14W</u> , NMPM, <u>San Juan</u> County				

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Giant Refining, Inc.	P O Box 256, Farmington, NM 87499
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)
El Paso Natural Gas Co.	P O Box 4490, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	B 18 30N 14W No

If 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.
		XX	XX					
Date Spudded 10-31-83	Date Compl. Ready to Prod. 12-14-83	Total Depth 5900	P.B.T.D. 5758					
Elevations (DF, RKB, RT, GR, etc.) 5535' GL; 5547' RKB	Name of Producing Formation Dakota	Top Oil/Gas Pay 5653	Tubing Depth 5652					
Perforations 5653-5704, 20 holes	Depth Casing Shoe 5900							

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	212'	159 cf
7-7/8"	4-1/2"	5900'	1875 cf in 2 stages
	2 1/4"	5652	

## 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 1544	Length of Test 3 hrs	Bbls. Condensate/MMCF 8 BOPD = 5.18 B/MMFC	Gravity of Condensate 43° est.
Testing Method (pitot, back pr.) back pressure	Tubing Pressure (Shut-in) 650 psi	Casing Pressure (Shut-in) 1700 psi	Choke Size 9/16"

## 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)  
Geologist (Title)  
12-22-83 (Date)

## OIL CONSERVATION DIVISION

APPROVED  
Original Signed by FRANK T. CHAVEZBY  
SUPERVISOR DISTRICT # 3

TITLE  
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 changes of owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply