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Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

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

## 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. 30-045-26077
Address <b>P.O. Box 420, Farmington, NM 87499</b>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Monte Carlo</b>	Well No. <b>2</b>	Pool Name, including Formation <b>Wildcat Gallup</b>	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location Unit Letter <b>M</b> <b>800</b> Feet From The <b>South</b> Line and <b>910</b> Feet From The <b>West</b> Line Section <b>24</b> Township <b>30 N</b> Range <b>15 W</b> , <b>NMPM</b> , <b>San Juan</b> County				

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

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Giant Refining</b>	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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Dugan Production Corp.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 420, Farmington, NM 87499</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>M</b>	Sec. <b>24</b>
	Twp. <b>30N</b>	Rge. <b>15W</b>
	Is gas actually connected? <b>yes</b>	
When?		
If this production is commingled with that from any other lease or pool, give commingling order number: <b>DHC-781</b>		

## IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <b>XX</b>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v <b>XX</b>
Date Spudded <b>11-1-84</b>	Date Compl. Ready to Prod. <b>10-9-90</b>		Total Depth <b>5600'</b>		P.B.T.D. <b>5545'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>5231' GL 5321'</b>	Name of Producing Formation <b>Gallup</b>		Top Oil/Gas Pay <b>4523'</b>		Tubing Depth <b>4989</b>			
Perforations <b>4523-4997' Gallup</b>					Depth Casing Shoe			

HOLE SIZE	CASING & TUBING SIZE	DEPT. SIZES	SACKS CEMENT
			<b>8 5/8" 2206 1/159 4'</b>
			<b>4 1/2" 2539 8 1/4 19 7/8'</b>
			<b>1 3/4" 2 54 1/4'</b>

## V. TEST DATA AND REQUEST FOR OIL ALLOWABLE

OIL WELL (Test must be after recovery of initial volume of load oil and must be equal to or exceed the allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank <b>10-1-90</b>	Date of Test <b>10-9-90</b>	Producing Method (Flow, pump, gas lift, etc.) <b>pumping</b>	
Length of Test <b>24 hours</b>	Tubing Pressure <b>---</b>	Casing Pressure <b>355</b>	Choke Size <b>---</b>
Actual Prod. During Test <b>4 BO, 6.3 MCF, 4 BW</b>	Oil - Bbls. <b>4 BOPD</b>	Water - Bbls. <b>4 BLWPD</b>	Gas - MCF <b>6.3 MCFD</b>

## GAS WELL

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

## VI. 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.

*John Alexander*  
Signature  
**John Alexander**  
Printed Name  
**10-12-90**  
Date  
**Petroleum Engineer**  
Title  
**325-1821**  
Telephone No.

## OIL CONSERVATION DIVISION

Date Approved **JAN 03 1991**By **Original Signed by FRANK T. CHAVEZ**Title **SUPERVISOR DISTRICT #3**

## 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.