

Submit 5 Copies
Appropriate District Office
DISTRICT
P.O. Box 1980, Hobbs, NM 88240

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

I.

Operator DUGAN PRODUCTION CORP.		Well API No. 30-045-27094
Address P.O. Box 420, Farmington, NM 87499		
Reason(s) for Filing (Check proper box)		<input type="checkbox"/> 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 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 Atlantis	Well No. 4	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State, <u>(Federal)</u> or Fee	Lease No. NM 10561
Location Unit Letter <u>B</u> : <u>850</u> Feet From The <u>North</u> Line and <u>1800'</u> Feet From The <u>East</u> Line Section <u>3</u> Township <u>30N</u> Range <u>14W</u> , <u>NMPM</u> , <u>San Juan</u> County				

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)	
Dugan Production Corp.					P.O. Box 420, Farmington, NM 87499	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? no	When ?

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'v
Date Spudded 7-19-90	Date Compl. Ready to Prod. 1/15/93		XX	XX					
Elevations (DF, RKB, RT, GR, etc.) 5641'	Name of Producing Formation Basin FR Coal			Total Depth 1300'			P.B.T.D. 1250'		
Perforations 1060-1198' (Fruitland Coal)				Top Oil/Gas Pay 1060'			Tubing Depth 1146'		
							Depth Casing Shoe 1299'		
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET				SACKS CEMENT			
9-7/8"	7"	88'				47.2 cf			
6-1/4"	4 1/2"	1299'				310 cf			
	2-3/8"	1146'							

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 allowable for this depth or be for full 24 hours.)

OIL WELL			
(Test must be after recovery of total volume of total oil and must be equal to or less than 100%)			
Date First New Oil Run To Tank	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 50 MCFD	Length of Test 3 hrs	Pnlr. Condensate/MMCF ---	Gravity of Condensate ---
Testing Method (pitot, back pr.) pitot	Tubing Pressure (Shut-in) 75 psi	Casing Pressure (Shut-in) 140 psi	Choke Size NA

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.

Jan 1 Jan

Signature
Jim L. Jacobs

Printed Name
1/19/93
Date

Geologist
Title
325-1821
Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 3 1993

By W. D. Clark
Title SUPERVISOR DISTRICT #3

Title _____ SUPERVISOR DISTRICT #3

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

- 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.
 - 4) Separate Form C-104 must be filed for each pool in multiply completed wells.