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Form C-104
Revised 10-01-78
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Page 1

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

3082 N

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
JUL 11 1985
OIL CON. DIV.
DIST. 3

I.

Operator: DUGAN PRODUCTION CORP.

Address: P O Box 208, Farmington, NM 87499

Reason(s) for filing (Check proper box)
- [X] New Well
- [ ] Recompletion
- [ ] Change in Ownership

Change in Transporter of:
- [ ] Oil
- [ ] Casinghead Gas
- [ ] Dry Gas
- [ ] Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
Witty	3	~~Undesignated~~ WC Gallup	State, Federal or Fee Federal

Location: Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West

Line of Section 12 Township 23N Range 10W , NMPM, San Juan

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ] — Address (Give address to which approved copy of this form is to be sent): P O Box 1320, Farmington, NM 87499

The Mancos Corp.

Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ] — Address (Give address to which approved copy of this form is to be sent): P O Box 208, Farmington, NM 87499

Dugan Production Corp.

If well produces oil or liquids, give location of tanks. Unit E | Sec. 12 | Twp. 23N | Rge. 10W — Is gas actually connected? Yes — When 7-5-85

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: *Complete Parts IV and V on reverse side if necessary.*

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 is true and complete to the best of my knowledge and belief.

Jim L. Jacobs (Signature)
Geologist (Title)
July 10, 1985 (Date)

OIL CONSERVATION DIVISION

APPROVED JUL 1

BY Original Signed by FRANK
SUPERVISOR D

TITLE

This form is to be filed in compliance
If this is a request for allowable for a well, this form must be accompanied by a teste taken on the well in accordance wit
All sections of this form must be fille able on new and recompleted wells.
Fill out only Sections I, II, III, an well name or number, or transporter, or oth
Separate Forms C-104 must be fil completed wells.

IV. 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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
6-1-85	7-5-85	4859'	4806'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
6755' GL	Gallup	4527'	4749'
Perforations			**Depth Casing Shoe**
4527' - 4804' Gallup			4859'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12¼"	8-5/8"	202'	159 cf
7-7/8"	4-1/2"	4859'	1432 cf in 2 stages
	2-3/8"	4749'	

V. TEST DATA AND REQUEST FOR ALLOWABLE *(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

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
7-2-85	7-5-85	Pumping	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hrs	---	80	---
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**
30 BO, 60 BLW, 27 MCF	30	60 (frac fluid)	27

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**