

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENTForm C-104
Revised 10-01-78
Format 06-01-83
Page 1

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	
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SANTA FE	
FILE	
U.S.O.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

RECEIVED
JUN 24 1985
OIL CON. DIV.
DIST. 3

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Wit's End	Well No. 3	Pool Name, including Formation S. Bisti Gallup Undesignated Gallup	Kind of Lease State, Federal or Fee State	Lease No. LH-1896
Location Unit Letter <u>K</u> : <u>1500</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>2</u> Township <u>23N</u> Range <u>10W</u> , NMPM, <u>San Juan</u> 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"/> The Mancos Corp.	Address (Give address to which approved copy of this form is to be sent) P O Box 1320, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit : <u>K</u> Sec. : <u>2</u> Twp. : <u>23N</u> Rge. : <u>10W</u>
Is gas actually connected?	When
No	

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.

John L. Jacobs (Signature)
Geologist (Title)
June 21, 1985 (Date)

OIL CONSERVATION DIVISION

APPROVED DEC - 5 - 1985
BY Original Signed by FRANK T. CHAVEZ
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 allow-
able 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
completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5-22-85	Date Compl. Ready to Prod. 6-18-85		Total Depth 4898'		P.B.T.D. 4855'				
Elevations (DF, RKB, RT, GR, etc.) 6740' GL; 6752' RKB		Name of Producing Formation Gallup		Top Oil/Gas Pay 4563'		Tubing Depth 4807' RKB			
Perforations 4563 - 4839' Gallup						Depth Casing Shoe 4898' RKB			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	8-5/8" OD		208' RKB		159 cf				
7-7/8"	4-1/2" OD		4898' RKB		1379 cf in 2 stages				
	2-3/8" OD		4807' RKB						

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)

Date First New Oil Run To Tanks 6-18-85	Date of Test 6-20-85	Producing Method (Flow, pump, gas lift, etc.) Swabbing	
Length of Test 6 1/2 hours	Tubing Pressure ---	Casing Pressure 420	Choke Size ---
Actual Prod. During Test 30 BO, 20 MCF, 60 BLW	Oil - Bbls. 111 BOPD	Water - Bbls. 222 BLWD	Gas - MCF 74 MCFD

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

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ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DISTRIBUTION	
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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
INFORMATION OFFICE	

I. Operator DUGAN PRODUCTION CORP.

Address P.O. BOX 208, Farmington, NM 87499

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Costhead Gas	

Other (Please explain) Gas hooked up

RECEIVED
JUL 01 1985
OIL CON. DIV.
DIST. 3

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Wit's End</u>	Well No. <u>3</u>	Pool Name, including Formation <u>S. Basin Gallup</u> <u>Undesignated Gallup</u>	Kind of Lease State, Federal or Foreign <u>State</u>	Lease No. <u>LH-1896</u>
Location				
Unit Letter <u>K</u>	: <u>1500</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u>			
Line of Section <u>2</u>	Township <u>23N</u>	Range <u>10W</u>	, NMPM, <u>San Juan</u> 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"/>	Address (Give address to which approved copy of this form is to be sent)	
<u>The Mancos Corp. (No Change)</u>		
Name of Authorized Transporter of Costhead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<u>Dugan Production Corp.</u>	<u>P.O. Box 208, Farmington, NM 87499</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>K</u>	Sec. <u>2</u>
	Twp. <u>23N</u>	Rge. <u>10W</u>
	Is gas actually connected?	When
	<u>Yes</u>	<u>6-13-85</u>

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)
6-28-85
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC - 5 1985

BY FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT 3

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