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STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRODUCTION OFFICE	

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format C5-01-93  
Page 1REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator <b>DUGAN PRODUCTION CORP.</b>	
Address <b>P O Box 208, Farmington, NM 87499</b>	
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"/> Gas <input type="checkbox"/> Condensate

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

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>St. Louis</b>	Well No. <b>12</b>	Pool Name, including Formation <b>South Bisti-Gallup</b>	Kind of Lease <b>Federal - Navajo</b>	Lease No. <b>N00-C-14-</b>
Location Unit Letter <b>C</b> : <b>330</b> Feet From The <b>North</b> Line and <b>2310</b> Feet From The <b>West</b>			<b>Allotted 20-7313</b>	
Line of Section <b>9</b>	Township <b>23N</b>	Range <b>10W</b>	NMPM, <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>The Mancos Corp.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P O Box 1320, 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 208, Farmington, NM 87499</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>C</b>	Sec. <b>9</b>
	Twp. <b>23N</b>	Rge. <b>10W</b>
Is gas actually connected?		When
<b>No</b>		

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*  
 Jim L. Jacobs  
 Geologist  
 (Signature)

(Title)

2-24-86

(Date)

## OIL CONSERVATION DIVISION

FEB 20 1986

APPROVED \_\_\_\_\_

Original Signed by CHARLES GHOLSON

BY \_\_\_\_\_

TITLE \_\_\_\_\_

DEPUTY OIL &amp; GAS INSPECTOR, DIST. #3

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 deviator 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 completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Rest'y.	Diff. Rest'y.
Date Spudded 1-22-86	Date Compl. Ready to Prod. 2-20-86	Total Depth 4700'		P.B.T.D. 4670'				
Elevations (DF, RKB, RT, CR, etc.) 6582' GL; 6594' RKB	Name of Producing Formation Gallup	Top Oil/Gas Pay 4331'		Tubing Depth 4593'				
Perforations 4331' - 4608' Gallup						Depth Casing Shoe 4697'		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		206'		159 cf			
7-7/8"	4-1/2"		4697'		1749 cf in 2 stages			
	2-3/8"		4593'					

#### 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 2-20-86	Date of Test 2-23-86	Producing Method (Flow, pump, gas lift, etc.) Swabbing 1st production - placed on pump 2-21-86	
Length of Test 24 hrs	Tubing Pressure ---	Casing Pressure 50	Choke Size ---
Actual Prod. During Test 35 BO, 50 BLW, 27 MCF	Oil - Bbls. 35 BOPD	Water - Bbls. 50 BLWPD	Gas - MCF 27 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