ı	NMOCI) 1	File	1 Cel	sius-De	enver	1 Celsius	-SLC	NINZ	
STATE OF NEW MEXI								300		
DISTRIBUTION		01	L CONS	ERV	ATION	DIVISIO			Form C-104 Revised 10-0 Format 06-01	11-75
FILE V.S.G.E. LAND OFFICE		s			X ZOBS	CO 87501	R	EG		
TRAMPORTER GIL GAS OPERATOR PROMATION OFFICE	-	AUTHORIZ		A	R ALLOW ND PORT OIL	ABLE AND NATU	RAL GAS		. 9 1988 M. Div	Station
I. Operator DUGAN PRODUCT							NAL OA	Dis	7. 3	
P.O. Box 208, Fa	rmington		7499							
Resson(s) for filing (Check pro New Well Recompletion Change in Ownership	per box)	Oi1	ransporter af		y Gas Indensate	Other (Please	t explain)			
If change of ownership give										
DESCRIPTION OF WE	LL AND LE									
Olympic Location			South B	-			Kind of Lease State, Federal		Federal	NM 2374
Unit Letter M :	81 0	Feet From 1	n⊷ Sou	th_Lin	• and	81 0	Feet From 1	he Wes	st	
Line of Section 3	Township	23N	Ro	inge	1 OW	, NMPM	, Sa	an Juar	า	County
III. DESIGNATION OF T	RANSPORT			TURAL	GAS					
Name of Authorized Transporte Conoco, Inc.			lensate		POB	ox 1429,	Bloom field	MN , L	87413	
Name of Authorized Transporte Dugan Production	=	ad Gas 🗶	or Dry Gas				Farmingto) be sent)
If well produces eil er liquids, give location of tanks.	Unit	Sec.	Twp. 23N	1 0W	Yes	ually connecte	rd? Whe	n	4-8-88	
If this production is comming NOTE: Complete Parts IV					give comm	ingling order	number			

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.

In	1	Her	wf	
im L. Geolog		bs/	(Signature)	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
1-8-88			(Tule)	 _
			(Dete)	

OIL CONSERVATION DIVISION

Original Signed by FRANK T. CHAVEL

SUPERVISOR DISTRICT 盟章

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 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

IV	CO	MPI	FIT	ON	D.	ATA

		OII Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resty.	Diff. Res	
Designate Type of Complete	cion — (X)	XX		XX		1			!	
Date Spudded	Date Comp	Date Compi. Ready to Prod.			Total Depth			P.B.T.D.		
1-22-88	2-	2-20-88		4776'			4718'			
Elevations (DF, RKB, RT, GR, etc.,	Name of Pr	Name of Producing Formation		Top Oll/Gas Pay			Tubing Depth			
6665' GL; 6677' RKB	Ga	Gallup		4447'			4633'			
Perforations							Depth Castr	g Shoe		
4447' - 4651' - Gallup										
		TUBING,	CASING, AN	D CEMENT!	IG RECOR					
HOLE SIZE	CASI	NG & TUBI	NG SIZE		DEPTH SE	T	SA	CKS CEMEN	IT	
1 2-1 / 4"	8-5	/ 8"		2	131		159 c	f		
7-7/8"	4-1	/ 2"		47	76'		1398 c	fin 2 sta	ages	
	2-3	/ 8"		46	33¹					
	1			1	•					

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 allow-OIL WELL

able for this depth or be for full 24 hours)

OIL WELL	<u> </u>				
Date First New Oil Run To Tanks Date of Test		Producing Method (Flow, pump, gas lift, etc.)			
2- 2 0 - 88	4-8-88	pumping			
Length of Teet	Tubing Pressure	Casing Pressure	Choke Size		
24 hours		65			
Actual Prod. During Test	Oli - Bbis.	Water - Bbis.	Gas-MCF		
43 BO, 32 BLW*, 18 MC	H 43 BOPD	32 BLWPD*	18 MCFD		

GAS WELL *Water is frac fluid

Testing Method (Butgt, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shut-ia)	Choire Size
Testing Method (pitat, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-im)	Choke Size