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Energy, Minerals and Natural Resources Department

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Form C-104
Revised 1-1-89
Instructions
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OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

JAN 27 1989

OIL CON. DIV.
DIST. 3

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator DUGAN PRODUCTION CORP.		Well API No. 30-045-26925
Address P.O. Box 5820, Farmington, NM 87499-5820		
Reason(s) for Filing (Check proper box) 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 Bronze Medal	Well No. 2	Pool Name, Including Formation South Bisti Gallup	Kind of Lease State, Federal or Fee	Lease No. NOO-C-14-20-
Location Unit Letter E : 1830 Feet From The North Line and 670 Feet From The West Line Section 3 Township T23N Range R10W , NMPM , San Juan County			Navajo 7307	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1429, Bloomfield, NM 87413					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Dugan Production Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 5820, Farmington, NM 87499-5820					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 3	Twp. 23N	Rge. 10W	Is gas actually connected? Yes	When? 1-25-89

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 12-14-88	Date Compl. Ready to Prod. 1-13-89		Total Depth 4830'		P.B.T.D. 4460			
Elevations (DF, RKB, RT, GR, etc.) 6662' GL; 6674' KB	Name of Producing Formation Gallup		Top Oil/Gas Pay 4474'		Tubing Depth 4656' RKB			
Perforations 4474' - 4690' - Gallup					Depth Casing Shoe 4830' RKB			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8" OD		220' RKB		159 cf			
7-7/8"	4-1/2" OD		4830' RKB		1675 cf in 2 stages			
	2-3/8" OD		4656' RKB					

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.)

Date First New Oil Run To Tank 1-13-89	Date of Test 1-14-89	Producing Method (Flow, pump, gas lift, etc.) swabbing	
Length of Test 8 hrs	Tubing Pressure ---	Casing Pressure 300	Choke Size ---
Actual Prod. During Test 15 BO, 35 BW*, 12 MCF	Oil - Bbls. 45 BOPD	Water - Bbls. 105 BLWPD*	Gas - MCF 36 MCFD

GAS WELL *Water is frac fluid.

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

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.

Signature Jim L. Jacobs Geologist
Printed Name **1-26-89** Title
Date **325-1821** Telephone No.

OIL CONSERVATION DIVISION

Date Approved

JAN 13 1989

By Original Signed by FRANK T. CHAVEZ

Title

SUPERVISOR DISTRICT

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

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.