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DISTRICT I
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1 File

State of New Mexico
Energy, Minerals and Natural Resources Department

1 Carl Kennedy

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | | |
|--|--|-------------------------------------|
| Operator DUGAN PRODUCTION CORP. | | Well API No. 30-045-27392 |
| Address P.O. Box 420, Farmington, NM 87499 | | |
| Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | | |
| If change of operator give name and address of previous operator | | |

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DIST. 3

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|-----------------------|--|--|------------------------------|
| Lease Name Helsinki | Well No. 52 | Pool Name, Including Formation South Bisti Gallup Ext. | Kind of Lease State, <input checked="" type="checkbox"/> Federal or Fee | Lease No. NM-36951 |
| Location Unit Letter K : 2310 Feet From The South Line and 2310 Feet From The West Line Section 9 Township 23N Range 10W , NMPM , San Juan 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"/> Conoco | 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 420, Farmington, NM 87499 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit K | Sec. 9 | Twp. 23N | Rge. 10W | Is gas actually connected? Yes | When? 8-24-89 |

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 <input type="checkbox"/> | New Well <input checked="" type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input type="checkbox"/> | Same Res'v <input type="checkbox"/> | Diff Res'v <input type="checkbox"/> |
| Date Spudded 7-18-89 | Date Compl. Ready to Prod. 8-25-89 | | Total Depth 4610' | | | P.B.T.D. 4553' | | |
| Elevations (DF, RKB, RT, GR, etc.) 6558' GL; 6570' KB | Name of Producing Formation Gallup | | Top Oil/Gas Pay 4281' | | | Tubing Depth 4505' | | |
| Perforations 4281' - 4487' (Gallup) | | | | | | Depth Casing Shoe 4610' | | |

TUBING, CASING AND CEMENTING RECORD

| | | | |
|----------------|----------------------|--------------|---------------------------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 12-1/4" | 8-5/8" OD | 206' | 159 cu. ft. |
| 7-7/8" | 4-1/2" OD | 4610' | 1407 cu. ft. in 2 stages |
| | 2-3/8" | 4505' | |

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 8-5-89 | Date of Test 8-26-89 | Producing Method (Flow, pump, gas lift, etc.) pumping | |
| Length of Test 24 hrs | Tubing Pressure --- | Casing Pressure 45 | Choke Size --- |
| Actual Prod. During Test 35 BO, 40*BLW, 16 MCF | Oil - Bbls. 35 BOPD | Water - Bbls. *40 BLWPD | Gas - MCF 16 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 pr.) | 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

Printed Name

8-28-89

Date

Geologist

Title

325-1821

Telephone No.

OIL CONSERVATION DIVISION

9-1-89
Date Approved **SEP 01 1989**

By **Original Signed by FRANK T. CHAVEZ**

Title **SUPERVISOR DISTRICT 3**

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

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