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DISTRICT I
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1 File

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator DUGAN PRODUCTION CORP.		Well API No. 30-045-27404
Address P.O. Box 420, Farmington, NM 87499		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
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 Calgary	Well No. 3	Pool Name, Including Formation South Bisti Gallup Ext.	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> or Fee	Lease No. NM-32124
Location Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West Line Section 6 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 A	Sec. 6	Twp. 23N	Rge. 10W	Is gas actually connected? Yes	When? 9-7-89

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 7-28-89	Date Compl. Ready to Prod. 8-17-89		Total Depth 4660'		P.B.T.D. 4599'			
Elevations (DF, RKB, RT, GR, etc.) 6555' GL; 6567' RKB	Name of Producing Formation Gallup		Top Oil/Gas Pay 4337'		Tubing Depth 4524'			
Perforations 4337' - 4537' (Gallup)					Depth Casing Shoe 4656' RKB			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8" OD	212' RKB	159 cu.ft.
7-7/8"	4-1/2" OD	4656' RKB	1505 cu.ft. in 2 stages
	2-3/8"	4524' 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 the depth or be for full 24 hours.)			
Date First New Oil Run To Tank 8-17-89	Date of Test 9-11-89	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 24 hours	Tubing Pressure 40	Casing Pressure 40	Choke Size 15 MCFD
Actual Prod. During Test 38 BO, 40 BLW*, 15 MCF	Oil - Bbls. 38 BOPD	Water - Bbls. 40 BLWPD*	Gas - MCF 15 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 Geologist
Printed Name 9-11-89 Title
Date 325-1821 Telephone No.

OIL CONSERVATION DIVISION

Date Approved **SEP 19 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.