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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

OIL CONSERVATION DIVISION

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

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

Operator DUGAN PRODUCTION CORP.		Well API No. 30-045-27418
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. 4	Pool Name, Including Formation South Bisti Gallup Ext.	Kind of Lease State, Federal or Fee	Lease No. NM-32124
Location				
Unit Letter E : 1980 Feet From The North Line and 660 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"/>	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"/>	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? 12-11-89

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 11-7-89	Date Compl. Ready to Prod. 11-28-89		Total Depth 4625'		P.B.T.D. 4557'			
Elevations (DF, RKB, RT, GR, etc.) 6551' GL; 6563' RKB	Name of Producing Formation Gallup		Top Oil/Gas Pay 4334'		Tubing Depth 4495'			
Perforations 4334-4519' - Gallup					Depth Casing Shoe 4626'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8" OD		201'		159 cu.ft.			
7-7/8"	4-1/2" OD		4626'		1447 cu.ft. in 2 stages			
	2-3/8"		4495'					

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 11-28-89	Date of Test 11-29-89	Producing Method (Flow, pump, gas lift, etc.) swabbing	
Length of Test 8 hrs.	Tubing Pressure ---	Casing Pressure 75	Choke Size ---
Actual Prod. During Test 23 BO, 125 BW*, 16 MCF	Oil - Bbls. 69 BOPD	Water - Bbls. 375 BLWPD*	Gas - MCF 48 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
12-11-89
Date

Geologist
325-1821
Title
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **DEC 19 1989**

By **[Signature]**
Title **SUPERVISOR DISTRICT #3**

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.