

4 NMOCD

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

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. 30-045-28639
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		

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JAN 29 1992OIL CON. DIV.
DIST. 3

Lease Name Calgary		Well No. 7	Pool Name, Including Formation South Bisti Gallup	Kind of Lease State (Federal) or Fee	Lease No. NM 32124
Location					
Unit Letter O	990'	Feet From The South	Line and 1980'	Feet From The East	Line
Section 6	Township 23N	Range 10W	NMPM	San Juan	County

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)	
Giant Refining, Inc.						P.O. Box 256, Farmington, NM 87499	
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)	
Dugan Production Corp.						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? not yet	When?	
If this production is commingled with that from any other lease or pool, give commingling order number:							

Designate Type of Completion - (X)		Oil Well XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 12-15-91	Date Compl. Ready to Prod. 1-24-92		Total Depth 4655'		P.B.T.D. 4614'				
Elevations (DF, RKB, RT, GR, etc.) 6582'	Name of Producing Formation Gallup		Top Oil/Gas Pay 4334'		Tubing Depth 4517'				
Perforations 4334-4526' Gallup					Depth Casing Shoe 4654'				
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8"		208'		159 cf				
7-7/8"	4-1/2"		4654'		1896 cf in 2 stages				
	2-3/8"		4517'						

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 1-24-92	Date of Test 1-25-92	Producing Method (Flow, pump, gas lift, etc.) swabbing	
Length of Test 4 hrs	Tubing Pressure ---	Casing Pressure 65	Choke Size ---
Actual Prod. During Test 8 BO, 25 BLW **	Oil - Bbls. 48 BOPD	Water - Bbls. 150 BLWPD**	Gas - MCF T.S.T.M.
GAS WELL **water is frac fluid.			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Casing 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 1-28-92	Title 325-1821
Date	Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JAN 24 1992**By **Original Signed by FRANK T. CHAVEZ**

Title

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.