

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
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	GAS
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-01-78
Format 06-01-83
Page 13013/122
3145/121
9-10-84REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
CUCAN PRODUCTION CORP.

Address
P O Box 208, Farmington, NM 87499

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas
	<input type="checkbox"/> Dry Gas
	<input type="checkbox"/> Condensate

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name July Jubilee	Well No. 3	Pool Name, including Formation Bisti Lower Gallup Ex	Kind of Lease State, Federal or Fee Fed.	Lease No. NM24661
Location				
Unit Letter L	1830	Feet From The South	Line and 880	Feet From The West
Line of Section 29	Township 24 N	Range 9 W	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"/> Permian Corp.	Address (Give address to which approved copy of this form is to be sent) Box 1702, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit L
	Sec. 29
	Twp. 24N
	Rge. 9W
	Is gas actually connected No

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Jim L. Jacobs
Geologist

(Signature)

8-8-84

(Title)

(Date)

OIL CONSERVATION DIVISION
AUG 15 1984

BY

Original Signed by FRANK T. CHAVEZ

TITLE

SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

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DIST. 3

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 3-20-84	Date Compl. Ready to Prod. 7-19-84		Total Depth 6187'		P.B.T.D. 5840'				
Elevations (DF, RKB, RT, CR, etc.) 6905' GL; 6917' RKB	Name of Producing Formation Gallup		Top Oil/Gas Pay 4647'		Testing Depth 5095'				
Perforations 4647-4933 (26 holes) and 4999-5195 (34 holes)						Depth Casing Shoe 6187'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8"		206' RKB		159 cf				
7-7/8"	4-1/2"		6187' RKB		2197 cf in 2 stages				
	2-3/8"		5095'						

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Tanks 7-19-84	Date of Test 8-3-84	Producing Method (Flow, pump, gas lift, etc.) swab & flow	
Length of Test 8 hrs.	Tubing Pressure -0-	Casing Pressure 250 psi	Choke Size ---
Actual Prod. During Test	Oil - Bbls. 75 BOPD	Water - Bbls. 45 (frac)	Gas - MCF 45 MCEGPD

GAS WELL

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

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