## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTE	0 M	T
SAMTA PE		
FILE		
U.S.G.E.		
LANG OFFICE		$\vdash$
TRANSPORTER	016	
	O AS	
OPERATOR		$\Box$
PROBATION OFF	16.8	

## OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

h	SOSIVEM
SAS	MARA 7 1968 W

I	AUTHO	RIZATION	TO TRAN	SPORT OIL AND NAT	URAL GAS	
Operator				<del> </del>	/ DIVINI DIV	<u> </u>
DUGAN PRODUCTION	CORP.					0
P.O. Box 208, Farmin	ngton, NM	87499				or Marie Land
Resson(s) for liling (Check proper	oz)			Other (Pleas	se explain)	
New Well	Change	n Transporte	r oí:			_
Recompletion	on			ery Gas		
Change in Ownership	Cas	inghead Gas		ondensate		
f change of ownership give name and address of previous owner						
I. DESCRIPTION OF WELL A	ND LEASE					
Lease Name	Well No.	Pool Name,			Kind of Lease	Legse No.
Mary Lou	6	South	Bisti G	allup Ext.	State, Federal or Fee State	V-1509
Location	-					
Unit Letter M : 66	O Feet Fro	m The Sou	ıth دا	e and <u>660</u>	Feet From The West	
Line of Section 32	ownship 24N		Range	10W , NMPN	4 San Juan	County
TI DESIGNATION OF THE AN	CDODGED 0-	<u> </u>				
II. DESIGNATION OF TRAN	SPORIER OF	OIL AND I	NATURA	GAS		
Conoco			J		to which approved copy of this form is	
Name of Authorized Transporter of C	asinghead Gas V	or Dry (	ias ( )	Address (Give address	9, Bloomfield, NM 8741:	3
Dugan Production Cor		<b>3 3.</b> 5. 7 (	ن ۱۰۰			
If well produces all or liquids,	Unit Sec	Twp.	Rge.	Is gas actually connect	Farmington, NM 8749	9 — · —
give location of tanks.	G 3	•	10	Yes	3-14-88	
this production is commingled	ith that from an	y other less	e or pool,	give commingling order	r number:	
IOTE: Complete Parts IV and						
T. CERTIFICATE OF COMPIL	ANCE	•		OIL C	ONSERVATION DIVISION	
hereby certify that the rules and regula	tions of the Oil Co	nservation Di	vision have	APPROVED	MAR 14 1988	
een complied with and that the informa y knowledge and belief.	tion given is true an	d complete to	the best of	BY	Original Signed by CHARLES Onlo	. 19 I SON
					DEPUTY ON S EAS INSPECTOR	
to I know			Ì	TITLE	THE PERSON NAMED IN THE PERSON OF PERSONS ASSESSED.	
Dr. of and	_		i	This form is to	he filed in compliance with any	

	Kint	
Jim L. Jacobs Geologist	(Signature)	
3-15-88	(Title)	·

(Date)

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.

		OII MeII	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.	
Designate Type of Completion	n - (X)	XX	1	XX		•	1	1		
Date Spudded	Date Compi	Ready to Pr	od.	Total Depth	· · · · · · · · · · · · · · · · · · ·	<del></del> -	P.B.T.D.	<b>-</b>		
1-4-88	3-1	4-88		4770'			4711'			
Elevations (DF, RKB, RT, GR, etc.,	etc.; Name of Producing Formation			Top OU/Gas	s Pay		Tubing Dep	ı <b>h</b>		
6584' GL; 6596' RKB	Gallup	)		44531			4635'			
Perforations			Depth Casing Shoe							
4453' - 4638' - Gallup							4773'			
		TUBING, C	ASING, AND	CEMENTIN	IG RECORD	)			- 1	
HOLE SIZE	CASIN	IG & TUBIN	IG SIZE		DEPTH SE	7	SA	CKS CEMEN	T	
12-1/4"	8-5/8	l		21 31			159 cf		9. :	
7-7/8"	4-1/2"	ł		4773			1522 cf i	n 2 stage	25	
	2-3/8	1.		4635					· 6	
	İ			İ	•					
V. TEST DATA AND REQUEST I	FOR ALLO	WABLE (T	est must be as ble for this de	ter recovery o	of socal volum full 24 hours)	of load oil	and must be eq	rual to or exce	ed táp allow-	
First New Oil Run To Tanks	Date of Test			Producing M	ethod (Flow,	pump, gas li	(t. etc.)			
3-14-88	3-15-	88		pumping						
Longth of Teet	Tubing Press	eure.	<del></del>	Casing Pres	eme .	····	Choke Size			
21 hours	90			90					1	
Actual Prod. During Test	Oil-Bble.	<del></del>		Water - Bbis.		<del></del>	Gas-MCF			
42 BO,15 MCF, 25 BLW	48 BO	PD		29 BW	PD*		17 N	ICFD		
AS WELL	*Water i	s frac fl	luid	· <del></del>						
Actual Prod. Teet-MCF/D	Length of Te	<b>s</b> t		Bbis. Conde	nagte/MMCF		Cravity of C	ondensate		
Testing Method (pitot, back pr.)	Tubing Press	ure (Shut-i	<b></b> )	Casing Press	ewe (Sbet-i	(ه	Choke Size	7.		
	<del></del>					····	<u> </u>	· · · · · · · · · · · · · · · · · · ·		