1 1111000	,)			
STATE OF NEW MEXICO	SLC 1 File 3053/N			
ENERGY AND MINERALS DEPARTMENT 1 Celsius-	SLC 1 File 3°			
DISTRIBUTION OIL CONSERVA	Revised 10-01-78 Format 06-01-83			
P.O. BO.	TION DIVISION × 2088			
U.S.G.A. SANTA FE, NEW	MEXICO 87501			
LANG OFFICE OIL	FEB G3 1988			
TRANSPORTER GAS REQUEST FOR	ALLOWABLE CIL CONTINUE DE LA CONTINU			
PROBATION OFFICE				
I. AUTHORIZATION TO TRANSP	ORT OIL AND NATURAL GAS			
DUGAN PRODUCTION CORP.				
P O Box 208, Farmington, NM 87499				
Reason(s) for filing (Check proper box)	Other (Please explain)			
New Well Change in Transporter of:	-			
	r Gas			
Change in Ownership Casinghead Gas Co	ndensdre			
If change of ownership give name and address of previous owner				
II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Fo	ormation Kind of Lease Lease No.			
Paul Revere 210 Bisti Lower Ga	allup State, Federal or Fee Federal NM 17781			
Location	990 West			
Unit Letter L : 1850 Feet From The South Line	andFeet From The			
Line of Section 22 Tawnship 26N Range 131	N NMPM, San Juan County			
MI. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Oil XX or Condensate	GAS Address (Give address to which approved copy of this form is to be sent)			
The Mancos Corp.	P O Box 1320, Farmington, NM 87499			
Name of Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)			
Unit Sec. Twp. Rgs.	Is gas actually connected? When			
tf well produces oil or liquids, L 22 26N 13W	No			
If this production is commingled with that from any other lease or pool,				
NOTE: Complete Parts IV and V on reverse side if necessary.	1			
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION			
I hereby certify that the rules and regulations of the Oil Conservation Division have	FEB - 3, 1986			
been complied with and that the information given is true and complete to the best of my knowledge and belief.	By Original Signed by FRANK T. CHAVEZ			
a) Anomedic and benefit	SIPPRIMED DESCRIPTION OF THE STATE OF THE ST			
()	TITLE SUPERVISOR DISTRICT # 5			
Land of James	This form is to be filed in compliance with RULE 1104.			
Jim L. Jacobs (Signature) If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the devi tests taken on the well in accordance with RULE 111.				
//Geologist	All sections of this form must be fliled out completely for silow- able on new and recompleted wells.			
1-31-86 Fill out only Sections I, II, and VI for c (Date) Well name or number, or transporter, or other such ch				
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4 NMOCD 1 Mancos Corp. 1 Celsius-Denver

IV. COMPLETION DATA Designate Type of Completion	on - (X) Oil Well Gas Well	New Well Workover Deeper	Plug Back Same Res'v. Diff. Res'
Date Spudded 12-24-85	Date Compl. Ready to Prod. 1-22-86	Total Depth 5225	P.B.T.D. 5173'
6195' GL; 6207' RKB	Name of Producing Formation Gallup	Top OU/Gas Pay 4804 '	Tubing Depth 5060 '
4804' - 5103' Gallup	•		Depth Casing Shoe 5225
	TUBING, CASING, AN	O CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8" OD	203'	159 cf
7-7/8"	4-1/2" OD	5225'	11916 cf in 2 stages
1.431	2-3/8" OD	5060	
	1	<u>.</u>	!

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	1-23-86.	Producing Method (Flow, pump, gas lift, etc.) Swabbing	
1-22-86	1-23-00.		
Length of Teet	Tubing Pressure	Casing Pressure	Choke Size
8 hrs		200 psi	
Actual Prod. During Test	OII - Bbls.	Water-Bhia. 345 BLWPD	Gas-MCF 45 MCFD
20 BO,115 BLW, 15 MCF	60 BOPD		

GAS WELL					
Actual Prod. Teel-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size		
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