

4 NMOCD

1 McHugh

2 Celsius

1 Merion O&G

1 Giant

1 File

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TRANSPORTER	OIL	
	GAS	
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NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104

Supersedes Old C-104 and C-110
Effective 1-1-65

Operator DUGAN PRODUCTION CORP.	
Address P O Box 208, Farmington, NM 87499	
Reason(s) for filing (Check proper box)	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 Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Celsius	Well No. 2	Pool Name, Including Formation Counselors Gallup	Kind of Lease State, Federal or Fee Fed.	Lease No. NM18946
Location Unit Letter <u>E</u> ; <u>1840</u> Feet From The <u>North</u> Line and <u>680</u> Feet From The <u>West</u> Line of Section <u>14</u> Township <u>23 North</u> Range <u>6 West</u> , NMPM, <u>Rio Arriba</u> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Refining, Inc.	Address (Give address to which approved copy of this form is to be sent) P O Box 256, 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 <u>E</u>	Sec. <u>14</u>
	Twp. <u>23N</u>	Rge. <u>6W</u>
	Is gas actually connected? <u>No</u>	
	When	

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <u>9-13-83</u>	Date Compl. Ready to Prod. <u>10-17-83</u>		Total Depth <u>5668' RKB</u>		P.B.T.D. <u>5638' RKB</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>6910' GL; 6922' RKB</u>	Name of Producing Formation <u>Gallup</u>		Top Oil/Gas Pay <u>5123'</u>		Tubing Depth <u>5556'</u>			
Perforations <u>5123-5304 and 5390-5627', Upper and Lower Gallup</u>					Depth Casing Shoe <u>5668' RKB</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12-1/4"</u>	<u>8-5/8"</u>		<u>213' RKB</u>		<u>159 cf</u>			
<u>7-7/8"</u>	<u>4-1/2"</u>		<u>5668' RKB</u>		<u>1818 cf slurry in</u>			
	<u>2-3/8"</u>		<u>5556'</u>		<u>2 stages</u>			

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 Tanks <u>10-13-83</u>	Date of Test <u>11-1-83</u>	Producing Method (Flow, pump, gas lift, etc.) <u>swabbing and flowing</u>	
Length of Test <u>8 hrs.</u>	Tubing Pressure <u>---</u>	Casing Pressure <u>600 psi</u>	Choke Size <u>---</u>
Actual Prod. During Test	Oil-Bbls. <u>180 BOPD</u>	Water-Bbls. <u>75 BWPD frac fluid only</u>	Gas-MCF <u>120 MCFPD</u>

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Jim L. Jacobs (Signature)
Geologist (Title)
11-2-83 (Date)

OIL CONSERVATION COMMISSION

NOV 03 1983

APPROVED

BY Original Signed by FRANK T. CHAVEZTITLE 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.