

4 NMOCD

1 Mancos Corp.

1 BIA (Jerry Degroat)

1 File

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS315 9/11
3038/112
DEC 30 1985
OIL CON. DIV.
DIST. 3

Operator DUGAN PRODUCTION CORP.	
Address P O Box 208, Farmington, NM 87499	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Jim Thorpe	Well No. 1	Pool Name, including Formation South Bisti-Gallup	Kind of Lease State, Federal or Fee Navajo	Lease No. N00-C-1420
Location Unit Letter G : 1900 Feet From The North Line and 2060 Feet From The East				
Line of Section 3 Township 23N Range 10W, NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

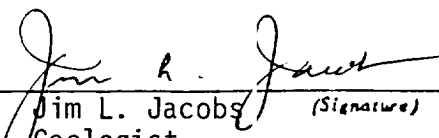
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Mancos Corp.	Address (Give address to which approved copy of this form is to be sent) P O Box 1320, Farmington, NM 87499								
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Dugan Production Corp.	Address (Give address to which approved copy of this form is to be sent) P O Box 208, Farmington, NM 87499								
If well produces oil or liquids, give location of tanks.	<table border="1"> <tr> <td>Unit</td> <td>Sec.</td> <td>Twp.</td> <td>Rge.</td> </tr> <tr> <td>G</td> <td>3</td> <td>23N</td> <td>10W</td> </tr> </table>	Unit	Sec.	Twp.	Rge.	G	3	23N	10W
Unit	Sec.	Twp.	Rge.						
G	3	23N	10W						
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 (Signature)
 Geologist (Title)

December 27, 1985

(Date)

OIL CONSERVATION DIVISION

DEC 30 1985

APPROVED

Original Signed by FRANK T. CHAVEZ

BY

SUPERVISOR DISTRICT # 3

TITLE

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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		XX		XX					
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
11-27-85	12-21-85		4870'			4813'			
Elevations (DF, RKB RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
6675' GL; 5687' RKB	Gallup		4487'			4730'			
Perforations						Depth Casing Shoe			
4487' - 4773' Gallup						4870'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"		8-5/8"		194'		159 cf			
7-7/8"		4-1/2"		4870'		1543 cf in 2 stages			
		2-3/8"		4730'					

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
12-21-85	12-22-85	Swabbing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
9 hrs	---	150	---
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
15 BO, 9 MCF, 135 BLW	40 BOPD	360 BLWPD	24 MCFD

GAS WELL

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