

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OPERATOR	
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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS3015/1
JUN 29 1987
OIL CONSERV. DIV.
DIST. 3

I. Operator	
DUGAN 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"/> Castinghead 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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Louie Louie	1	Bisti Gallup South	Navajo State, Federal or Fee	
Location			Allotted	NOC-8505-1062
Unit Letter <u>L</u> ; <u>2290</u> Feet From The <u>South</u> Line and <u>710</u> Feet From The <u>West</u>				
Line of Section <u>8</u> Township <u>23N</u> Range <u>9W</u> , NMPM, <u>San Juan</u> 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"/>	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 Castinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Dugan Production Corp.	P O Box 208, Farmington, NM 87499	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	<u>L</u>	<u>8</u>
	Twp.	Rge.
	<u>23N</u>	<u>9W</u>
	Is gas actually connected?	When
	<u>No</u>	

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
6-29-87 (Date)

OIL CONSERVATION DIVISION

APPROVED

JUN 26 1987

BY

Original Signed by FRANK T. CHAVEZ

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 XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 4-8-87	Date Compl. Ready to Prod. 6-26-87		Total Depth 4810'		P.B.T.D. 4769'				
Elevations (DF, RKB, RT, GR, etc.) 6636' GL; 6648' RKB	Name of Producing Formation Gallup		Top Oil/Gas Pay 4219'		Tubing Depth 4634' RKB				
Perforations 4219' - 4627' - Gallup						Depth Casing Shoe 4815'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8" OD		221' RKB		159 cf				
7-7/8"	4-1/2" OD		4815' RKB		1707 cf in 2 stages				
	2-3/8"		4634' RKB						

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 6-26-87	Date of Test 6-29-87	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 22 1/2 hours	Tubing Pressure 40 psi	Casing Pressure 40 psi	Choke Size ---
Actual Prod. During Test 53 BO. 25 BLW. 37 MCF	Oil - Bbls. 57 BOPD	Water - Bbls. 27 BLWPD	Gas - MCF 39 MCED

GAS WELL

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