

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-01-78
Format 06-01-83
Page 1REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Calgary	Well No. 2	Pool Name, including Formation South Bisti Gallup	Kind of Lease State, Federal or Fee Federal	Lease No. NM-32124
Location				
Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East				
Line of Section 6 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"/> Conoco	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1429, Bloomfield, NM 87413	
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.	Unit A	Sec. 6
	Twp. 23N	Rge. 10W
	Is gas actually connected? Yes	When 3-27-88

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
 Jim L. Jacobs (Signature)
 Geologist
 3-30-88 (Date)

OIL CONSERVATION DIVISION

APPROVED _____
 BY _____ Original Signed by FRANK T. CHAVEZ
 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 allow-
able 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 1-12-88	Date Compl. Ready to Prod. 2-5-88	Total Depth 4670'			P.B.T.D. 4614'				
Elevations (DF, RKB, RT, GR, etc.) 6550' GL; 6562' RKB	Name of Producing Formation Gallup	Top Oil/Gas Pay 4344'			Tubing Depth 4512'				
Perforations 4344-4533' - Gallup						Depth Casing Shoe 4674'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"		8-5/8"		218'		177 cf			
7-7/8"		4-1/2"		4674'		1454 cf in 2 stages			
		2-3/8"		4512'					

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 test allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 2-5-88	Date of Test 3-27-88	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 16 hours	Tubing Pressure 80 psi	Casing Pressure ---	Choke Size ---
Actual Prod. During Test 35 BO, 16 MCF, *15 BLW	Oil - Bbls. 52 BOPD	Water - Bbls. *23 BLWPD	Gas - MCF 24 MCFD

**Water is frac fluid.

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