

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENTOIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-01-78
Format 05-01-83
Page 1REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASRECEIVED
JUL 15 1988
OIL CON. DIV.
DIST. 3

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

Operator
DUGAN PRODUCTION CORP.
Address
P.O. Box 5820, Farmington, NM 87499-5820

Reason(s) for filing (Check proper box)

☒ New Well
☐ Recompletion
☐ Change in Ownership
 Change in Transporter of:
☐ Oil
☐ Gashead Gas
☐ Dry Gas
☐ Condensate

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Champ	Well No. 1	Pool Name, including Formation South Bisti Gallup	Kind of Lease State, Federal or Fee Federal	Lease No. NM 42059
Location Unit Letter C 660 Feet From The North Line and 1980 Feet From The West Line of Section 5 Township 23N Range 10W , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Conoco, Inc.	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 Gashead Gas ☒ or Dry Gas ☐ Dugan Production Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 5820, Farmington, NM 87499-5820
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When C 5 23N 10W Will be connected on July 15, 1988

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)

7-14-88 (Date)

OIL CONSERVATION DIVISION JUL 15 1988

APPROVED _____, 19

BY _____ Original Signed by FRANK T. CHAVEZ

TITLE _____ SUPERVISOR DISTRICT 8

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 XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Perforations	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
5-26-88	7-14-88	4720'			4653'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth				
6575' GL; 6587' RKB	Gallup	4412'			4602'				
Perforations						Depth Casing Shoe			
4412-4603' - Gallup						4719'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"		9-5/8" OD		226' RKB		147.5 cf			
7-7/8"		4-1/2" OD		4719' RKB		1507 cf in 2 stages			
		2-3/8"		4602'					

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
6-24-88	7-14-88	pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
20 hours	---	110	---
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
42 BO, 18 MCF, 8 BLW *	50 BOPD	10 BLWPD *	22 MCFD

*water is frac fluid

GAS WELL

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