(Dete)

Fill out only Sections I. II. III. and VI for changes of owner. I name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply

1 Conoco

3E34/N

## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTION			1
SAMTA FE		1	
FILE		·	
v.t.a 4,			
LANG OFFICE			
TRANSPORTER	OIL		
	0 A8		
OPERATOR			
PROBATION OFFICE			

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 05-01-83 Page 1

OPERATOR REQUEST	FOR ALLOWABLE AND		
PROBATION OFFICE AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL GAS		
I.	6 Farance		
Operator	D) E G E I V E 'N		
DUGAN PRODUCTION CORP.			
Address	00T 07 1988		
P.O. Box 5820, Farmington, NM 87499-5820	(R) ( U & 1500		
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well Change in Transporter of:	• • • • • • • • • • • • • • • • • • •		
Recompletion OII	Dry Gas		
Change in Ownership Casinghead Gas	Condensate		
If change of ownership give name and address of previous owner			
II. DESCRIPTION OF WELL AND LEASE    Well No.   Pool Name, Including	g Formation Kind of Lease Lease No.		
	•		
	Ganup State, Federal Pederal 14:91-4205		
Unit Letter E: 1980 Feet From The North  Line of Section 5 Township 23N Range	10W , NMPM, San Juan County		
M. DESIGNATION OF TRANSPORTER OF OIL AND NATUR  Name of Authorized Transporter of Oil (X) or Condensate   Conoco, Inc.  Name of Authorized Transporter of Casinghead Gas (X) or Dry Gas	PO Box 1429 Bloomfield NM 87413 Address (Give address to which approved copy of this form is to be sent)		
Dugan Production Corp. P.O. Box 5820, Farmington, NM 87499			
If well produces oil or liquids, que location of tanks.  Unit Sec. Twp. Rqe.  C 5 23N 10	is gas actually connected? When		
If this production is commingled with that from any other lease or po NOTE: Complete Parts IV and V on reverse side if necessary.	ol, give commingling order number:		
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION		
I hereby certify that the rules and regulations of the Oil Conservation Division habeen complied with and that the information given is true and complete to the best my knowledge and belief.			
	TITLE		
have it was	This form is to be filed in compliance with RULE 1104.		
Jim L. Jacobs (Signature)	If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
Geologist	All sections of this form must be filled out completely for allow		
9-30-88 <i>(Title)</i>	able on new and recompleted wells.		

completed wells.

Designate Type of Completi	ion - (X) Oil Well Gas Well		Plug Back   Same Res'v.   Diff. Res'v.		
Deta Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
8-24-88	9-24-88	4708'	4650'		
Elevetions (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Top Oil/Gas Pay Tubing Depth		
6568' GL; 6580' RKB	Gallup	4367'	4546'		
4367-4557 <sup>1</sup> - Gallup			Depth Casing Shoe 47041		
	TUBING, CASING, A	AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
12-1/4"	8-5/8" OD	219'	159 cu.ft.		
7-7/8"	4-1/2" OD	4704' RKB	1395 cu.ft.		
	2-3/8" OD	45461			
OIL WELL	able for this	depth or be for full 24 howe;	ed oil and must be equal to or exceed top allow-		
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump,	Producing Method (Flow, pump, gas lift, etc.)		
9-24-88	9-25-88	Swabbing	Swabbing		
Longth of Tool	Tubing Pressure	Casing Pressure	Chake Size		
10 hrs		75			
Actual Prod. During Test	OU-Bhis.	Wester - Bhis.	Gas-MCF		
32 BO,150 BLW,8 MCF	77 BOPD	360 BLWPD*	19.2 MCFD		
AS WELL	*water is frac fluid.	· •			
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensers/NMCF	Gravity of Condensate		
Testing Method (puot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		

IV. COMPLETION DATA