

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  
Formal 08-01-83RECEIVED  
MAR 17 1988  
OIL CON. DIV.  
DIST. 2REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<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 <b>Ollie</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Wildcat Pictured Cliffs</b>	Kind of Lease State, Federal or Free <b>Federal</b>	Lease No. <b>NM 54978</b>
Location				
Unit Letter <b>J</b>	<b>1790</b> Feet From The <b>South</b> Line and <b>1790</b> Feet From The <b>East</b>			
Line of Section <b>30</b>	Township <b>24N</b>	Range <b>7W</b>	NMPM, <b>Rio Arriba</b> County	

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Dugan Production Corp</b> If well produces oil or liquids, give location of tanks.	
Unit	Sec.
Twp.	Rge.
Is gas actually connected? <b>No - waiting on gas connection with Mesa Petroleum</b>	

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

3-16-88

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED

MAR 17 1988

BY

Original Signed by FRANK T. CHAVEZ

TITLE

SUPERVISOR DISTRICT 2

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 filled for each pool in multiply completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well XX	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 9-16-87	Date Compl. Ready to Prod. 2-26-88		Total Depth 2200'		P.B.T.D. 2161'				
Elevations (DF, RKB, RT, CR, etc.), 7005' GL	Name of Producing Formation Pictured Cliffs		Top Oil/Gas Pay 2091'		Tubing Depth 2086'				
Perforations 2091' - 2096' - Pictured Cliffs						Depth Casing Shoe 2195'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
8-3/4"	7" OD		96'		41.3 cf				
5-1/8"	2-7/8"		2195'		400.4 cf				
	1-1/2"		2086'						

#### 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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

#### GAS WELL

Actual Prod. Test - MCF/D 35 MCFD	Length of Test 24 hours	Bbls. Condensate/MMCF ---	Gravity of Condensate ---
Testing Method (pilot, back pr.) orifice well tester	Tubing Pressure (Shut-in) ---	Casing Pressure (Shut-in) 90 psi	Choke Size ---

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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 GASRECEIVED  
MAR 17 1988  
OIL CON. DIV.  
DIST. 3

Operator <b>DUGAN PRODUCTION CORP.</b>	
Address <b>P.O. Box 208, Farmington, NM 87499</b>	
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"/> Casinghead 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 <b>Ollie</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Wildcat Fruitland</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>NM 54978</b>
Location				
Unit Letter <b>J</b>	<b>1790</b> Feet From The <b>South</b> Line and <b>1790</b> Feet From The <b>East</b>			
Line of Section <b>30</b>	Township <b>24N</b>	Range <b>7W</b>	, NMPM, <b>Rio Arriba</b> County	

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Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<b>Dugan Production Corp.</b>		
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
Is gas actually connected? <b>No - waiting on gas connection with Mesa Petroleum</b>		When

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** (Title)  
**3-16-88** (Date)

## OIL CONSERVATION DIVISION

APPROVED **MAR 17 1988**  
 BY **Original Signed by FRANK T. CHAVEZ**  
 TITLE **SUPERVISOR DISTRICT 3**

This form is to be filled in compliance with RULE 1104.

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Date Spudded 9-16-87	Date Compl. Ready to Prod. 2-26-88		Total Depth 2200'		P.B.T.D. 2161'				
Elevations (DF, RKB, RT, GR, etc.), 7005' GL	Name of Producing Formation Fruitland		Top Oil/Gas Pay 2084'		Tubing Depth 2086'				
Perforations 2084' - 2090' - Fruitland						Depth Casing Shoe 2195'			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
8-3/4"	7" OD		96'		41.3 cf				
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	1-1/2"		2086'						

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Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

#### GAS WELL

Actual Prod. Test - MCF/D 35 MCFD	Length of Test 24 hours	Bbls. Condensate/MCF ---	Gravity of Condensate ---
Testing Method (prior, back pr.) orifice well tester	Tubing Pressure (Shot-In) ---	Casing Pressure (Shot-In) 90 psi	Choke Size ---