

4 NMOC

1 File

1 Mancos Corp.

3075/N

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENTForm C-104
Revised 10-01-78
Format 08-01-83
Page 1

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

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"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate
OCT 31 1985 OIL CONSERV. DIV. DIST. 3	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mary Lou	Well No. 1	Pool Name, Including Formation Undesignated Gallup	Kind of Lease State, Federal or Fee State	Lease No. V-1509
Location				
Unit Letter <u>A</u> : <u>800</u> Feet From The <u>North</u> Line and <u>800</u> Feet From The <u>East</u>				
Line of Section <u>32</u> Township <u>24N</u> Range <u>10W</u> , NMPM, <u>San Juan County</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

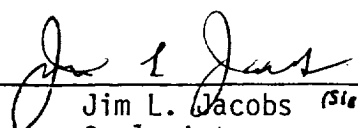
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Mancos Corp.	Address (Give address to which approved copy of this form is to be sent) P O Box 1320, Farmington, NM 87499	
Name of Authorized Transporter of Casinghead Gas <input checked="" 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 <u>A</u>	Sec. <u>32</u>
	Twp. <u>24N</u>	Rge. <u>10W</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 (Title)

10-30-85

(Date)

OIL CONSERVATION DIVISION

APPROVED

OCT 31, 1985

BY

Original Signed by FRANK T. CHAVEZ

TITLE

SUPERVISOR DISTRICT # 3

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.

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 9-13-85	Date Compl. Ready to Prod. 10-9-85		Total Depth 4815'				P.B.T.D. 4771'		
Elevations (DF, RKB, RT, CR, etc.) 6592' GL; 6604' RKB	Name of Producing Formation Gallup		Top Oil/Gas Pay 4500'				Tubing Depth 4710' RKB		
Perforations 4500 - 4768' 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	193' RKB	159 cf
7-7/8"	4-1/2" OD	4815'	1616 cf in 2 stages
	2-3/8"	4710' 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 10-9-85	Date of Test 10-10-85	Producing Method (Flow, pump, gas lift, etc.) Swabbing		
Length of Test 8 hrs	Tubing Pressure ---	Casing Pressure 180	Choke Size ---	
Actual Prod. During Test 12 BO, 8 MCF, 125 BLW	Oil-Bbls. 36 BOPD	Water-Bbls. 375 BLWPD	Gas-MCF 24 MCFD	

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