

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-01-78
Format 06-01-83
Page 13/6/84
3040/22REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASOperator
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	Change in Transporter of:		
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Castinghead Gas	<input type="checkbox"/> Condensate	

Change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE			
Lease Name	Well No.	Pool Name, including Formation	Kind of Lease
Gold Medal	2	South Bisti-Gallup	State, Federal or Fee Federal
			Lease No. NM 22044
Location			
Unit Letter K	1980	Feet From The South Line and 1980	Feet From The West
Line of Section 33	Township 24N	Range 10W	NMPM, San Juan County

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS


Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
The Mancos Corp.	P O Box 1320, Farmington, NM 87499					
Name of Authorized Transporter of Castinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Dugan Production Corp.	P O Box 208, Farmington, NM 87499					
Well produces oil or liquids, <input type="checkbox"/> or location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	K	33	24N	10W	No	

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.

II. 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)
 12-24-85 (Date)

OIL CONSERVATION DIVISION

APPROVED DEC 23, 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 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.

Designate Type of Completion - (X)		Oil Well XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 11-22-85	Date Compl. Ready to Prod. 12-18-85		Total Depth 4834'			P.B.T.D. 4783'			
Elevations (DF, RKB, RT, GR, etc.) 6640' GL; 6652' RKB	Name of Producing Formation Gallup		Top Oil/Gas Pay 4517'			Tubing Depth 4726' RKB			
Perforations 4517' - 4781'						Depth Casing Shoe 4833'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8" OD	209' RKB	159 cf
7-7/8"	4-1/2" OD	4833'	1478 cf in 2 stages
	2-3/8" OD	4726' RKB	

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.)	
12-18-85	12-19-85	Swabbing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
9 hrs	---	80	---
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
20 BO, 13 MCF, 135 BLW	53 BOPD	360 BLWPD	34.67 MCFD

AS 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