

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASForm C-104
Revised 10-01-78
Format 06-01-83
Page 1

RECEIVED
OCT 28 1987
OIL CON. DIV.
DIST. 3

I. Operator
DUGAN PRODUCTION CORP.

Address
P.O. Box 208, Farmington, NM 87499

Reason(s) for filing (Check proper box) Other (Please explain)

☒ New Well ☐ Change in Transporter of:
☐ Recompletion ☐ Oil ☐ 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

Lease Name Sheba Temple	Well No. 1	Pool Name, including Formation Unders. Pictured Cliffs	Kind of Lease State, Federal or Fee Federal	Lease No. NM-54981
Location				
Unit Letter K	1850	Feet From The South	Line and 1850	Feet From The West
Line of Section 30	Township 24N	Range 8W	NMPM,	San Juan 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 checked="" 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
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	No

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)
10-22-87 (Date)

OIL CONSERVATION DIVISION

APPROVED _____
 BY _____
 TITLE _____
 OCT 28 1987
 Original Signed by **FRANK T. CHAVEZ**
 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 filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
			XX	XX					
Date Spudded 9-8-87	Date Compl. Ready to Prod. 10-1-87	Total Depth 1795'				P.B.T.D. 1771'			
Elevations (DF, RKB, RT, CR, etc.) 6861' GL	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 1665'				Tubing Depth ---			
Perforations 1665' - 1671' (2 SPF - 14 total shots) Pictured Cliffs						Depth Casing Shoe 1792'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
8-3/4"		7"		98' GL		41 cf			
5-1/8"		2-7/8"		1792'		316 cf			

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 8 MCF (65 MCFD)	Length of Test 3 hrs	Bbls. Condensate/MMCF ---	Gravity of Condensate ---
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (Shut-in) ---	Casing Pressure (Shut-in) 485 psig	Choke Size 7/16"