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1 Conoco

1 Celsius-Denver

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1 File

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

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JUL 28 1988

OIL CON. DIV.
DIST. 3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
DUGAN PRODUCTION CORP.

Address
P.O. Box 5820, Farmington, NM 87499-5820

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"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead 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 Marathon	Well No. 2	Pool Name, including Formation South Bisti Gallup	Kind of Lease Navajo State, Federal or Fee Allotted	Lease No. NOO-C-14-20-7308
Location Unit Letter <u>G</u> ; <u>1830</u> Feet From The <u>North</u> Line and <u>1830</u> Feet From The <u>East</u>				
Line of Section <u>4</u> Township <u>23N</u> Range <u>10W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

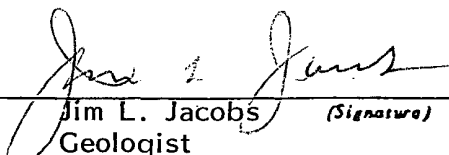
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Conoco	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1429, Bloomfield, NM 87413
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> 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 5820, Farmington, NM 87499-5820
If well produces oil or liquids, give location of tanks.	Unit <u>A</u> Sec. <u>4</u> Twp. <u>23N</u> Rge. <u>10W</u>
Is gas actually connected?	When <u>7-24-88</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)

7-26-88

(Date)

OIL CONSERVATION DIVISION
JUL 06 1988

APPROVED _____, 19

BY  _____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 filed for each pool in multiply completed wells.

V. COMPLETION DATA

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	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
5-31-88	7-6-88			4770'			4711'		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
6625' GL; 6637' KB	Gallup			4453'			4668'		
Perforations							Depth Casing Shoe		
4453-4652' Gallup							4779' RKB		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	9-5/8" OD	210' RKB	147.5 cf
7-7/8"	4-1/2" OD	4779' RKB	1686 cf
	2-3/8" OD	4668'	

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)

First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)		
7-6-88	7-25-88	pumping		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
24 hrs.	80	80		
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF	
43 BO, 25 BLW*18 MCF	43 BOPD	25 BLWPD*	18 MCED	

AS WELL W/80.25 *Water is frac fluid

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Casing Method (plug, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size