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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

1 Celsius-Den State of New Mexico
Energy, Minerals and Natural Resources Department

1 Celsius-SLC 1 File

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator DUGAN PRODUCTION CORP.	Well API No. 30-045-27025
Address P.O. Box 5820, Farmington, NM 87499-5820	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

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SANTA FE

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Nice	Well No. 2	Pool Name, Including Formation Basin Dakota	Kind of Lease State, (Federal) or Fee	Lease No. NM-16765
Location Unit Letter C : 830 Feet From The North Line and 1530 Feet From The East Line Section 4 Township 30N Range 14W , NMPM , San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Conoco Inc.	or Condensate <input checked="" type="checkbox"/>	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 Dugan Production Corp.	or Dry Gas <input checked="" type="checkbox"/>	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 C	Sec. 4	Twp. 30N
	Rge. 14W	Is gas actually connected? No	

If this production is commingled with that from any other lease or pool, give commingling order number:

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 12-3-88	Date Compl. Ready to Prod. 1-25-89		Total Depth 6024'		P.B.T.D. 5922'			
Elevations (DF, RKB, RT, GR, etc.) 5685' GL; 5697' RKB	Name of Producing Formation Dakota		Top Oil/Gas Pay 5795'		Tubing Depth 5820'			
Perforations 5795' - 5871' - Dakota					Depth Casing Shoe 6024'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8" OD		233' RKB		159 cf			
7-7/8"	4-1/2" OD		6024' RKB		2125 cf in 2 stages			
	2-1/16"		5820					

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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 Tank	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

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DIST. 3

GAS WELL

Actual Prod. Test - MCF/D 433 MCFD	Length of Test 3 hrs	Bbls. Condensate/MMCF trace	Gravity of Condensate ---
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) 1680 si	Choke Size 1/2"

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature
Jim L. Jacobs
Printed Name
2-15-89
Date
Geologist
Title
325-1821
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **SEP 05 1989**

By **Jim Bruch**
Title **DEPUTY OIL & GAS INSPECTOR, DIST. #3**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.