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STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

1 Mancos Corp.

## OIL CONSERVATION DIVISION

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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REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator DUGAN PRODUCTION CORP.

Address P O Box 208, Farmington, NM 87499

Reason(s) for filing (Check proper box)

☒ New Well ☐ Recompletion ☐ Change in Ownership

Change in Transporter of:

☐ Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate

Other (Please explain)

OCT 15 1985

OIL CON. DIV.

DIST. 3

If change of ownership give name and address of previous owner \_\_\_\_\_

## I. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Bronze Medal</u>	Well No. <u>1</u>	Pool Name, including Formation <u>South Gate Gallup</u>	Kind of Lease State, Federal or Fee <u>Navajo</u>	Lease No. <u>N00-C-14-20-7307</u>
Location				
Unit Letter <u>D</u> : <u>490</u> Feet From The <u>North</u> Line and <u>970</u> Feet From The <u>West</u>				
Line of Section <u>3</u> Township <u>23N</u> Range <u>10W</u> , NMPM, <u>San Juan</u> County				

## II. 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)					
<u>Mancos Corp.</u>	<u>P O Box 1320, Farmington, NM 87499</u>					
Name of Authorized Transporter of Casinghead 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)					
<u>Dugan Production Corp.</u>	<u>P O Box 208, Farmington, NM 87499</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>D</u>	Sec. <u>3</u>	Twp. <u>23N</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  
10-9-85 (Date)

## OIL CONSERVATION DIVISION

APPROVED DEC 20, 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 filed for each pool in multiply completed wells.

#### IV. COMPLETION DATA

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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 9-8-85		Date Compl. Ready to Prod. 10-3-85		Total Depth 4825'			P.B.T.D. 4805'		
Elevations (DF, RKB, RT, CR, etc.) 6688' GL; 6700' RKB		Name of Producing Formation Gallup		Top Oil/Gas Pay 4523'			Tubing Depth 4740'		
Perforations 4523-4775' Gallup							Depth Casing Shoe 4825'		

#### TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8" OD	210' RKB	159 cf
7-7/8"	4-1/2" OD	4825' RKB	1541 cf in 2 stages
	2-3/8"	4740' 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)

OIL WELL			
Date First New Oil Run To Tanks 10-3-85	Date of Test 10-7-85	Producing Method (Flow, pump, gas lift, etc.) Flowing & swabbing	
Length of Test 4 hrs	Tubing Pressure ---	Casing Pressure 560	Choke Size ---
Actual Prod. During Test 15 BO, 40 BLW, 12 MCF	Oil - Bbls. 90 BOPD	Water - Bbls. 240 BLWPD	Gas - MCF 72 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