

4 NMOCD

1 Celsius-Denver

1 Celsius-SLC

STATE OF NEW MEXICO

1 BIA

1 Mancos Corp.

1 File

3102/W

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

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

NOV 21 1985

OIL CON. DIV.
DIST. 3REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator	
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 <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Marathon	1	Undes. Gallup	State, Federal or Fee Navajo	N00-C-1420-7308
Location				
Unit Letter <u>A</u> : <u>630</u> Feet From The <u>North</u> Line and <u>550</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

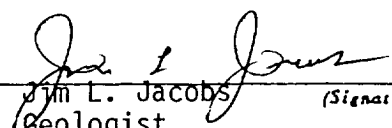
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
The Mancos Corp.	P O Box 1320, Farmington, NM 87499	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Dugan Production Corp.	P O Box 208, Farmington, NM 87499	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	A	4
	Twp.	Rge.
	23N	10W
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 (Signature)
 Geologist (Title)
 11-20-85 (Date)

OIL CONSERVATION DIVISION

APPROVED NOV 21 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.

V. COMPLETION DATA

7. 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.		
9-18-85	10-19-85			4825'			4785'		
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
6660' GL; 6672' RKB	Gallup			4499'			4728'		
Perforations							Depth Casing Shoe		
4499' - 4765' Gallup							4825'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8" OD	226' RKB	159 cf
7-7/8"	4-1/2" OD	4825' RKB	1678 cf in 2 stages
	2-3/8" OD	4728' RKB	

VI. 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 10-19-85	Date of Test 10-21-85	Producing Method (Flow, pump, gas lift, etc.) Swabbing	
Length of Test 8 hrs	Tubing Pressure ---	Casing Pressure 560	Choke Size --
Actual Prod. During Test 25 BO, 105 BLW, 18 MCF	Oil - Bbls. 75 BOPD	Water - Bbls. 315 BLWPD	Gas - MCF 54 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