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

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

5 NMOCD

1 File

State of New Mexico

1 Celsius-Den 1 Celsius-SLC

Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator DUGAN PRODUCTION CORP.	Well API No. 30-045-26928
Address P.O. Box 420, Farmington, NM 87499	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
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"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Squaw Valley	Well No. 2	Pool Name, Including Formation South Bisti Gallup Ext.	Kind of Lease State, Federal or Fee	Lease No. NOO-C-14-20-
Location Unit Letter M : 810' Feet From The South Line and 730 Feet From The West Line	Section 4	Township 23N	Range 10W	County San Juan

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 420, Farmington, NM 87499	
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 4
	Twp. 23N	Rge. 10W
	Is gas actually connected? No When ?	

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 3-11-90	Date Compl. Ready to Prod. 3-31-90	Total Depth 4640'	P.B.T.D. 4591'					
Elevations (DF, RKB, RT, GR, etc.) 6547' GL; 6559' KB	Name of Producing Formation Gallup	Top Oil/Gas Pay 4339'	Tubing Depth 4521'					
Perforations 4339-4533' (Gallup)			Depth Casing Shoe 4637'					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8" OD	214' RKB	177 cf (150 sx)
7-7/8"	4-1/2" OD	4637' RKB	1909 cf in 2 stages
	2-3/8"	4521'	

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 3-31-90	Date of Test 4-2-90	Producing Method (Flow, pump, gas lift, etc.) swabbing	
Length of Test 8 hours	Tubing Pressure ---	Casing Pressure 270	Choke Size ---
Actual Prod. During Test 15 BO, 35* BLW, 10 MCF	Oil - Bbls. 45 BOPD	Water - Bbls. 105* BLWPD	Gas - MCF 30 MCFD

GAS WELL *Water is frac fluid.

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

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 Geologist
Printed Name
4-4-90 Title
Date
325-1821 Telephone No.

OIL CON. DIV.

Date Approved **APR 05 1990**
By **Barry Chang**
Title **SUPERVISOR DISTRICT #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.