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

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

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

1 File  
1 Cramer  
State of New Mexico  
Energy, Minerals and Natural Resources Department

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

1 Union Pacific  
1 Chorney

Form C-104  
**RECEIVED**  
APR 26 1990

OIL CON. DIV  
DIST. 3

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.	
Operator <b>DUGAN PRODUCTION CORP.</b>	Well API No. 30-045-27441
Address P.O. Box 420, Farmington, NM 87499	
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"/>	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Flo Jo	Well No. 2	Pool Name, Including Formation South Bisti Gallup Ext.	Kind of Lease State <input checked="" type="checkbox"/> Federal or Fee	Lease No. NM 36952
Location Unit Letter <u>C</u> : <u>660'</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>1</u> Township <u>23N</u> Range <u>11W</u> , <u>NMPM</u> San Juan 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"/> Giant Refining	Address (Give address to which approved copy of this form is to be sent) P.O. Box 256, Farmington, NM 87499	
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 <u>C</u>	Sec. <u>1</u>
	Twp. <u>23N</u>	Rge. <u>11W</u>
	Is gas actually connected? <u>Yes</u>	
	When? <u>4-25-90</u>	

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 3-6-90	Date Compl. Ready to Prod. 4-23-90		Total Depth 4646'		P.B.T.D. 4599'			
Elevations (DF, RKB, RT, GR, etc.) 6575' GL; 6587' RKB	Name of Producing Formation Gallup		Top Oil/Gas Pay 4384'		Tubing Depth 4546'			
Perforations 4384' - 4560' Gallup					Depth Casing Shoe 4646'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4'	8-5/8" OD	226'	177 cf
7-7/8"	4-1/2" OD	4646'	1511 cf in 2 stages
	2-3/8"	4546'	

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 4-23-90	Date of Test 4-25-90	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 20.5 hours	Tubing Pressure pumping	Casing Pressure 40	Choke Size ---
Actual Prod. During Test 1780,50 BLW, 5 MCF	Oil - Bbls. 20 BOPD	Water - Bbls. 59 BLWPD*	Gas- MCF 6 MCFD

GAS WELL \*Water is frac fluid

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (plot, 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  
Printed Name  
4-25-90  
Date  
325-1821  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 23 1990  
By Burt D. Shum  
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.

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