

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENTForm C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

## OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
OIL CON. DIV.  
DIST. 3

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRODUCTION OFFICE	

I. Operator  
DUGAN PRODUCTION CORP.

Address  
P O Box 208, Farmington, NM 87499

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

Other (Please explain)  
Gas to be Connected 11-15-85

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

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Cobh	Well No. 1	Pool Name, including Formation South Blanco PC	Kind of Lease State, Federal or Fee Federal	Lease No. NM 40638
Location Unit Letter 0 : 1150 Feet From The South Line and 1630 Feet From The East Line of Section 22 Township 24N Range 2W , NMPM, Rio Arriba County				

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

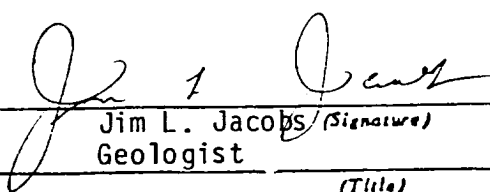
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
E1 Paso Natural Gas	P O Box 4990, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When Will be connected 11-15-85

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

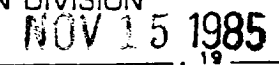
NOTE: Complete Parts IV and V on reverse side if necessary.

## 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)  
 11-14-85  
 (Date)

## OIL CONSERVATION DIVISION

APPROVED  NOV 15 1985  
 BY Original Signed by FRANK T. CHAVEZ  
 SUPERVISOR DISTRICT # 3  
 TITLE \_\_\_\_\_

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 multiple completed wells.

#### IV. COMPLETION DATA

IV. 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 6-25-85		Date Compl. Ready to Prod. 7-5-85			Total Depth 3370'			P.B.T.D. 3314'		
Elevations (DF, RKB, RT, GR, etc.) 7309' GL; 7321' RKB		Name of Producing Formation Pictured Cliffs			Top Oil/Gas Pay 3233'			Tubing Depth 3236' RKB		
Perforations 3233- 3250' Pictured Cliffs								Depth Casing Shoe 3370' RKB		

#### TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8" OD	141' RKB	118 cf
6-1/4"	4-1/2" OD	3370' RKB	426 cf
	1-1/4"	3236' 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)

Date First New Oil Run To Tanks	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

#### GAS WELL

Actual Prod. Test-MCF/D 80 MCFD	Length of Test 3 hrs	Bbls. Condensate/MMCF ---	Gravity of Condensate ---
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (shut-in) 420 psi SI	Casing Pressure (shut-in) 420 psi SI	Choke Size 1/2" pos.