

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

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JUL 13 1987

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

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hurt	Well No. 5	Pool Name, including Formation West Lindrith Gallup/Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. SF 080539A
Location				
Unit Letter M	990	Feet From The South	Line and 730	Feet From The West
Line of Section 14	Township 25N	Range 3W	NMPM, Rio Arriba County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

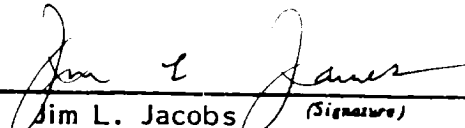
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Conoco Inc.	Address (Give address to which approved copy of this form is to be sent) P O Box 1429, Bloomfield, NM 87413			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P O Box 4990, Farmington, NM 87499			
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 14	Twp. 25N	Rge. 3W
				Is gas actually connected? 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)
7-10-87 (Date)

OIL CONSERVATION DIVISION

JUL 13 1987

APPROVED _____, 19____
 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 allow-
able 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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diffl. Res'v.
		XX		XX					
Date Spudded 4-26-87	Date Compl. Ready to Prod. 6-2-87	Total Depth 8350' 8358' Drillers Loggers				P.B.T.D. 8272'			
Elevations (DF, RKB, RT, CR, etc.) 7320' GL; 7332' RKB	Name of Producing Formation Gallup/Dakota	Top Oil/Gas Pay 6658'				Tubing Depth 8178'			
Perforations 6658'-7421' - Gallup 8019' - 8187' - Dakota						Depth Casing Shoe 8356'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9-5/8" OD	202'	136 cf
7-7/8"	5-1/2"	8356'	2485 cf in 3 stages
	2-7/8"	8178'	

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lost oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

First New Oil Run To Tanks 6-2-87	Date of Test 6-29-87	Producing Method (Flow, pump, gas lift, etc.) Swabbing	
Length of Test 7 hrs.	Tubing Pressure ---	Casing Pressure 475	Choke Size ---
Actual Prod. During Test 35 BO, 10 BLW, 45 MCF	Oil - Bbls. 120 BOPD	Water - Bbls. 34 BLWPD	Gas - MCF 154 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