

3049/n/A Z.

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

Operator
DUGAN PRODUCTION CORP.Address
P O Box 208, Farmington, NM 87401

Reason(s) for filing (Check proper box)

New Well ☒
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

SEP 7 1982

OIL CON. COM.
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name Judy Jubilee	Well No. 2	Pool Name, Including Formation Undesignated Gallup	Kind of Lease State, Federal or Fee Fed	Lease No. NM 24661
Location Unit Letter <u>D</u> ; <u>790</u> Feet From The <u>North</u> Line and <u>790</u> Feet From The <u>West</u> Line of Section <u>29</u> Township <u>24 North</u> Range <u>9 West</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"/> Giant Refining, Inc.	Address (Give address to which approved copy of this form is to be sent) Box 256, Farmington, NM 87401	
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) Box 208, Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 29
	Twp. 24N	Rge. 9W
	Is gas actually connected? <u>No</u> 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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 2-24-82	Date Compl. Ready to Prod. 8-25-82		Total Depth 6404'		P.B.T.D. 6002'			
Elevations (DF, RKB, RT, GR, etc.) 7028' GL; 7040' RKB	Name of Producing Formation Gallup		Top Oil/Gas Pay 5112		Tubing Depth 5354'			
Perforations 5112-5328, 48 holes total					Depth Casing Shoe 6403'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		202' RKB		159 cf to surface			
7-7/8"	4-1/2"		6403' RKB		557 cf 1st stage			
	2-3/8"		5354' RKB		1396.5 cf 2nd stage			

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 Tanks 8-23-82	Date of Test 8-25-82	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 8 hrs.	Tubing Pressure SI - TSTM	Casing Pressure SI - 675 psi	Choke Size none
Actual Prod. During Test	Oil-Bbls. 45 BOPD	Water-Bbls. -0-	Gas-MCF 75 MCFGPD

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

OIL CONSERVATION COMMISSION

APPROVED SEP 7 1982, 19BY Original Signed by FRANK I. CHAVEZTITLE 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.

Jim L. Jacobs

(Signature)

Geologist

(Title)

9-3-82

(Date)