

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
Revised 10-01-78  
Format 06-01-83  
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## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I.

Operator DUGAN PRODUCTION CORP.		<div style="text-align: center;"> <div style="font-size: 2em; font-weight: bold; letter-spacing: 0.5em;">RECEIVED</div> <div style="text-align: right;"> JUL 30 1985  OIL CON. DIV.)  DIST. 3 </div> </div>
Address P O Box 208, Farmington, NM 87499		
Reason(s) for filing (Check proper box)		Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

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~~JUL 30 1985~~

OIL CON. DIV.)

**DIST. 3**

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

## II. DESCRIPTION OF WELL AND LEASE

Licensor Name Bowers	Well No. 1	Pool Name, Including Formation Potwin PC	Kind of Lease State, Federal or Fee Federal	Lease No. NM 26047
Location Unit Letter <u>A</u> : <u>1120</u> Feet From The <u>North</u> Line and <u>1120</u> Feet From The <u>East</u> Line of Section <u>17</u> Township <u>24N</u> Range <u>8W</u> , NMPM, <u>San Juan</u> 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)	
Dugan Production Corp.					P O Box 208, Farmington, NM 87499	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					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 I. Jacobs (Signature)

~~Geologist~~

July 29, 1985

Signature \_\_\_\_\_

(Title)

(Date)

## OIL CONSERVATION DIVISION

**JUL 30 1985**

APPROVED

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 allowance 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 filled for each pool in multiply completed wells.

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## 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 11-10-84	Date Compl. Ready to Prod. 6-12-85		Total Depth 2100'		P.B.T.D. 2062'				
Elevations (DF, RKB, RT, GR, etc.) 6890' GL; RKB=GL	Name of Producing Formation Pictured Cliffs		Top Oil/Gas Pay 1981'		Tubing Depth 1958'				
Perforations 1981 - 1990' Pictured Cliffs						Depth Casing Shoe 2098'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
8-3/4"		7" OD		97'		41 cf			
5-1/8"		2-7/8"		2098'		325 cf			
		1-1/4"		1958'					

## 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 21.1 MCF (169 MCFD)	Length of Test 3 hrs	Bbls. Condensate/MMCF ---	Gravity of Condensate ---
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (shut-in)	Casing Pressure (shut-in) 510 SI	Choke Size 1/2" pos.