

4 NMOCD 1 Giant

1 File 1 NWPL

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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"/> Castinghead 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 Fabulous Feb	Well No. 1	Pool Name, including Formation Bisti Lower Gallup	Kind of Lease State, Federal or Fee Fed.	Lease No. NM51000
Location				
Unit Letter <u>D</u> : <u>790</u> Feet From The <u>North</u> Line and <u>1120</u> Feet From The <u>West</u>				
Line of Section <u>31</u> Township <u>24 N</u> Range <u>9 W</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) P O Box 256, Farmington, NM 87499
Name of Authorized Transporter of Castinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually condensed? When
	D 31 24N 9W 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.

*J. L. Jacobs*  
J. L. Jacobs (Signature)  
Geologist (Title)

8-8-84

(Date)

## OIL CONSERVATION DIVISION

APPROVED AUG 08 1984

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 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 multiply completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion -- (X)		Oil Well XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 3-30-84	Date Compl. Ready to Prod. 7-10-84		Total Depth 6065'		P.B.T.D. 6017'				
Elevations (DF, RKB, RT, GR, etc.) 6855' GL; 6867' RKB	Name of Producing Formation Gallup		Top Oil/Gas Pay 4489		Tubing Depth 5083				
Perforations 4489-4695 & 4783-5089, 63 holes						Depth Casing Shoe 6065' RKB			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8"		203' RKB		159 cf				
7-7/8"	5-1/2"		6065' RKB		1832 cf in 2 stages				
	2-3/8"		5083' 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 7-10-84*	Date of Test 8-2-84	Producing Method (Flow, pump, gas lift, etc.) Flowing on test; prep. to pump.	
Length of Test 8 hrs.	Tubing Pressure 40	Casing Pressure 250	Choke Size ---
Actual Prod. During Test	Oil-Bbls. 135 BOPD	Water-Bbls. 45 BWPD (frac)	Gas-MCF 111 MCFGPD

#### GAS WELL

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

**RECEIVED**  
AUG 08 1984  
OIL CON. DIV.  
DIST. 3