

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENTForm C-104
Revised 10-01-78
Format 06-01-83
Page 1OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501303
3055/12
Sept. 11, 1984REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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SANTA FE		
FILE		
U.S.O.B.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

Operator Dugan Production Corp.	
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

If change of ownership give name and address of previous owner _____

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OIL CON. DIV

DIST. 2

II. DESCRIPTION OF WELL AND LEASE

Lease Name Silver Medal	Well No. 1	Pool Name, including Formation Undesignated Gallup	Kind of Lease State, Federal or Fee Fed.	Lease No. NM21741
Location Unit Letter <u>M</u> ; <u>620</u> Feet From The <u>South</u> Line and <u>620</u> Feet From The <u>West</u> Line of Section <u>27</u> Township <u>24 N</u> Range <u>10 W</u> , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

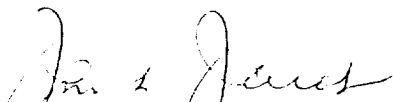
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Refining, Inc.	Address (Give address to which approved copy of this form is to be sent) P O Box 256, Farmington, NM 87499	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> 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 M	Sec. 27
	Twp. 24N	Rge. 10W
	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

9-10-84 (Title)

(Date)

OIL CONSERVATION DIVISION
SEP 12 1984

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 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.

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 7-26-84	Date Compl. Ready to Prod. 9-5-84	Total Depth 4952' RKB					P.B.T.D. 4910'		
Elevations (DF, RKB, RT, CR, etc.) 6645' GL; 6657' RKB	Name of Producing Formation Gallup	Top Oil/Gas Pay 4544'					Tubing Depth 4804' RKB		
Perforations 4544-4856', 36 holes							Depth Casing Shoe 4952' RKB		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	201' RKB	242 cf
7-7/8"	4-1/2"	4952' RKB	1484 cf in 2 stages
	2-3/8"	4804' 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 9-1-84	Date of Test 9-5-84	Producing Method (Flow, pump, gas lift, etc.) Swabbing	
Length of Test 8 hrs.	Tubing Pressure ---	Casing Pressure 620 psi	Choke Size ---
Actual Prod. During Test	Oil - Bbls. 81 BOPD	Water - Bbls. No formation water	Gas - MCF 54 MCED

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