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STATE OF NEW MEXICO ERGY AND MINERALS DEPARTMENT

OIL

DUGAN PRODUCTION CORP.

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1 Mancos Corp.

File

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

DEC 11 1985

OIL CON. DIV.

Lease No.

County

NM 41650

## OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

P O Box 208, Farmington, NM 87499	•				
eason(s) for filing (Check proper box)	Other (Please explain)				
New Well Change in Transporter al:    Recompletion   Oil   Dry	r Gas ndensate				
change of ownership give name					
DESCRIPTION OF WEIL AND LEASE					
DESCRIPTION OF WELL AND LEASE  Well No.   Pool Name. Including Fo	opportion Kind of Lease Lease				
Lee's Ferry 1 Under ied	Gallup State, Federal or Fee Federal NM 416				
Unit Letter L : 1880 Feet From The South Line	e and Feet From The West				
Line of Section 19 Township 24N Range	8W NMPM, San Juan Com				
I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL  Name of Authorized Transporter of Oil (X) or Condensate   The Mancos Corporation	Address (Give address to which approved copy of this form is to be sent) P 0 Box 1320, Farmington, NM 87499				
Ine Maticus Cui por a croin  dame of Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)				
f well produces oil or liquids, Unit Sec. Twp. Rqs.	Is gas actually connected? When NO				
this production is commingled with that from any other lease or pool,	give commingling order number:				
OTE: Complete Parts IV and V on reverse side if necessary.					
I. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION DF C 11 1985				
hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED, 19				
een complied with and that the information given is true and complete to the best of ly knowledge and belief.	Original Signed by FRANK T. CHAVEZ				
	TITLE SUPERVISOR DISTRICT IN 3				
	This form is to be filed in compliance with RULE 1104.				
Jim L. Jacobs (Signature)	If this is a request for allowable for a newly drilled or dee well, this form must be accompanied by a tabulation of the devitests taken on the well in accordance with RULE 111.				
Geologist (Title)	All sections of this form must be filled out completely for able on new and recompleted wells.				
12-10-85 (Date)	Fill out only Sections I. II. III, and VI for changes of convert name or number, or transporter, or other such change of contractions.				
10000	The state of the s				

commingling order numbers	
	VATION DIVISION DEC 11,1985
PROVEDOrigi	nal Signed by FRANK T. CHAVEZ
TLE	SUPERVISOR DISTRICT 翠 3

If this is a request for allowable for a newly drilled or deepened this form must be accompanied by a tabulation of the deviation taken on the well in accordance with AULE 111.

All sections of this form must be filled out completely for allowon new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of owner, 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.

V. COMPLETION DATA  Designate Type of Completion	on – (X)	XX Oil Well	Gas Well	XX XX	Workeye	er	Deepen	Plug Back	Same Resiv.	DILR	•='Y
Date Spudded 10-27-85	Date Compl. Ready to Prod. 12-6-85			Total Depth 5620'			P.B.T.D.	5560'		· · · ·	
6883' GL, 6895' RKB	Name of Producing Formation Gallup			Top Oll/Gas Pay 5265'			Tubing Depth 5445 RKB				
5265'-5543' Gallup							,	Depth Castr	5620 t	RKB	
	<del></del>		CASING, AN	D CEMENT			·		CKS CEMEN		
HOLE SIZE	8-5/	NG & TUBI	NG SIZE	<del></del>	218' R	≀KB		159 cf	CK3 CEMEN		
7-7/8"	4-1/	2" OD				₹KB		1995 cf	in 2 sta	qes	
	2-3/	8" OD		<del></del>	5445' R	RKB		<del> </del>	<del></del>		<del></del>

V. TEST DATA AND REQUEST OIL WELL	FOR ALLOWABLE (Test mable for	ust be after recovery of total volume of loc + this depth or be for full 24 hours)		ceed top allo	
Date First New Oil Run To Tanks	Date of Teet	Producing Method (Flow, pump, gas lift, etc.) Swabbing			
12-5-85	12-6-85				
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	يني ا	
8 hrs		5			
Actual Prod. During Test	Oil-Bhis.	Water-Bbis.	Gas-MCF	£.	
25 BO 120 BLW 10 MCF	75 BOPD	360 BLWPD	30 MCFD		

GAS WELL	•	·	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `
Actual Prod. Teet-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
· ·	i		