

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

4 NMOCD

1 Mancos

1 File

Form C-104  
Revised 10-01-78  
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Page 1

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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

Operator  
**DUGAN PRODUCTION CORP.**

Address  
**P O Box 208, Farmington, NM 87499**

Reason(s) for filing (Check proper box) Other (Please explain)

☒ New Well ☐ Change In Transporter of:

☐ Recompletion ☐ Oil ☐ Dry Gas

☐ Change In Ownership ☐ Casinghead Gas ☐ Condensate

change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name <b>Oktoberfest</b>	Well No. <b>1</b>	Pool Name, including Formation <b>J. Risti Gallup</b> <b>W.C. Gallup</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>LG-9804</b>
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Location

Unit Letter **A** ; **900** Feet From The **North** Line and **750** Feet From The **East**

Line of Section **36** Township **24N** Range **10W** , 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"/> <b>The Mancos Corp.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P O Box 1320, Farmington, NM 87499</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Dugan Production Corp.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P O Box 208, Farmington, NM 87499</b>

If well produces oil or liquids, give location of tanks.	Unit <b>A</b>	Sec. <b>36</b>	Twp. <b>24N</b>	Rge. <b>10W</b>	Is gas actually connected? <b>No</b>	When
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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.

I. CERTIFICATE OF COMPLIANCE

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*  
**Jim L. Jacobs** (Signature)  
**Geologist** (Title)  
**December 6, 1985** (Date)

OIL CONSERVATION DIVISION

APPROVED **DEC - 9, 1985**  
BY **Original Signed by FRANK T. CHAVEZ**  
TITLE **SUPERVISOR DISTRICT 34 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.
Date Spudded		XX		XX					
10-16-85		12-6-85		5250'		5208'			
Elevations (DF, RKB, RT, CR, etc.)		Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
6985' GL; 6997' RKB		Gallup		4616'		5162'			
Drillations						Depth Casing Shoe			
4616' - 5197' Gallup						5249' RKB			

#### TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8" OD	226' RKB	159 cf
7-7/8"	4-1/2" OD	5249' RKB	1816 cf in 2 stages
	2-3/8" OD	5162'	

#### 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.)	
12-5-85	12-6-85	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	40	40	---
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
5 BO, 50 BLW, 43 MCF	55 BOPD	50 BLWPD	43 MCFO

#### AS WELL

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