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1 Mancos

1 File

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STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 10-01-81
Page 1

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NOV 27 1985

OIL CON. DIV.
DIST. 3REQUEST 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)

- ☒ New Well
☐ Recompletion
☐ Change in Ownership

Change in Transporter of:

- ☐ Oil ☐ Dry Gas
☐ Casinghead Gas ☐ Condensate

Other (Please explain)

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name August	Well No. 1	Pool Name, including Formation Undes. Gallup	Kind of Lease State, Federal or Fee Federal	Lease No. NM 43443
Location Unit Letter <u>M</u> : <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>35</u> Township <u>24N</u> Range <u>10W</u> , NMPM, San Juan County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

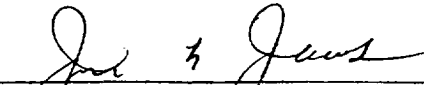
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Mancos Corp.	Address (Give address to which approved copy of this form is to be sent) P O Box 1320, Farmington, NM 87499					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Dugan Production Corp.	Address (Give address to which approved copy of this form is to be sent) P O Box 208, Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 35	Twp. 24N	Rge. 10W	Is gas actually connected? No	When

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 (Title)

11-20-85

(Date)

OIL CONSERVATION DIVISION

NOV 27 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 allow-
able 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.

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Plug Back	State Res'v.	Diff. Res'v.
		XX		XX				
Date Spudded	Date Compl. Ready to Prod.			Total Depth		P.B.T.D.		
9-23-85	10-22-85			4985'		4942'		
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation			Top Oil/Gas Pay		Tubing Depth		
6782' GL; 6794' RKB	Gallup			4641'		4869' RKB		
Perforations						Depth Casing Shoe		
4641' - 4910' Gallup						4985' RKB		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8" OD	200' RKB	159 cf
7-7/8"	4-1/2" OD	4985' RKB	1610 cf in 2 stages
	2-3/8" OD	4869' 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
10-22-85	10-23-85	Swabbing during test-will be put on pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
8 hrs	---	180	---
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
20 BO, 120 BLW, 17 MCF	60 BOPD	360 BLWPD	51 MCFD

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