

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASForm C-104
Revised 10-01-78
Format 08-01-83
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OIL CONSERVATION DIV.

DIST. 3

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PERMITS OFFICE	

I. 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 ☐ Casinghead Gas ☐ Dry Gas ☐ Condensate

Other (Please explain)

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Ivy League	Well No. 1	Pool Name, including Formation Bisti Lower Gallup	Kind of Lease State, Federal or Fee Federal	Lease No. NM 45208
Location				
Unit Letter A : 990 Feet From The North Line and 990 Feet From The East				
Line of Section 17 Township 24 N Range 9W , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

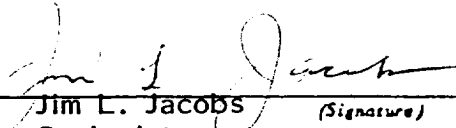
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Mancos Corp.	Address (Give address to which approved copy of this form is to be sent) P O Box 1320, Farmington, NM 87499	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> 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 A	Sec. 17
	Twp. 24N	Rge. 9W
	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)
7-7-86 (Date)

OIL CONSERVATION DIVISION

APPROVED 
BY **Original Signed by CHARLES GHOLSON**
TITLE **DEPUTY OIL & GAS INSPECTOR, DIST. #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

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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 11-3-85		Date Compl. Ready to Prod. 7-4-86		Total Depth 6470'			P.B.T.D. 6162'		
Elevations (DF, RKB, RT, GR, etc.) 6734' GL; 6746' RKB		Name of Producing Formation Gallup		Top Oil/Gas Pay 4894'			Tubing Depth 5345'		
Perforations 4894' - 5403' Gallup							Depth Casing Shoe 6470'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8" OD	223' RKB	159 cf
7-7/8"	4-1/2"	6470' RKB	2466 cf in 2 stages
	2-3/8"	5345'	

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 7-4-86	Date of Test 7-7-86	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure ---	Casing Pressure 35 psi	Choke Size ---
Actual Prod. During Test 37 BO, 25 MCF, 15 BLW	Oil - Bbls. 37 BOPD	Water - Bbls. 15 BLWPD	Gas - MCF 25 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