P. O. BU U.S.G.S. LANG OFFICE TRANSPORTER GAS OPERATOR PROBATION OFFICE	ATION DIVISION OX 2088 W MEXICO 87501 OR ALLOWABLE AND SPORT OIL AND NATURAL GAS
P.O. Box 208, Farmington, NM 87499	
Comment to Comment to	Other (Please explain)
f change of ownership give name and address of previous owner	
I. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including F	
Mary Lou 4 South Bisti Ga	State V-1509
Unit Letter O 660 Feet From The South	1980 East
Line of Section 32 Township 24N Range	10W , NMPM, San Juan County
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Oil Or Or Condensate The Mancos Corp. Name of Authorized Transporter of Casinghedd Gas Or Dry Gas	P.O. Box 1320, Farmington, NM 87499 Address (Give address to which approved copy of this form is to be sent)
Dugan Production Corp. If well produces oil or liquids, Unit Sec. Twp. Rgs. G 32 24N 10W	P.O. Box 208, Farmington, NM 87499 Is gas actually connected? When No
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. T. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
hereby certify that the rules and regulations of the Oil Conservation Division have een complied with and that the information given is true and complete to the best of	APPROVED
ly knowledge and belief.	BYOriginal Signed by FRANK T. CHAVEZ
	TITLE SUPERVISOR DISTRICT 架 3
in 1 Vin	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 deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
Geologist (Tule)	All sections of this form must be filled out completely for silow- able on new and recompleted wells.
7-23-87 (Date)	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.
1	Separate Forms C-104 must be filed for each pool in multiply completed wells.

1 File

4 NMOCD

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

-4. 00 100148 04251040

1 Mancos Corp.

Designate Type of Completio	on - (X) Oli Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.
Date Soudded	Date Compl. Ready to Prod.	Total Depth	P.S.T.O.
4-2-87	7-13-87	4810'	4738'
Elevations (DF, RKB, RT, GR, ste.;	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth
6605' GL; 6617' RKB	Gallup	4397 ^t	4640'
4397' - 4656' Gallup			Depth Casing Shoe 4810 ¹
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8" OD	215' RKB	159 cf
7-7/8"	4-1/2" OD	4810' RKB	1512 cf in 2 stages
	2-3/8"	4640 '	
OIL WELL Date First New Oil Run To Tanks	able for this de	ek or be for full 24 hours;	nd must be equal to or exceed top allow-
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
7-13-87	7-14-87	Swabbing	
Length of Teet	Tubing Pressure	Casing Pressure	Choke Size
8 hrs.	- 0-	100 psi	
Actual Prod. During Test	Ou - Bhis.	Woter - Bbls.	Gas-MCF
23 BO, *100 BLW, 14 MQ	F 69 BOPD	*300 BLWPD	42 MCFD
;AS WELL		*Water is frac fluid	
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
Tenting Mothed (pitot, back pr.)	Tubing Pressure (Shat-is)	Casing Pressure (Shut-is)	Choke Size