

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENTOIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-104
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SANTA FE	
FILE	
U.S.O.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASRECEIVED
MAR 17 1988

Operator DUGAN PRODUCTION CORP.	
Address P.O. Box 208, Farmington, NM 87499	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mary Lou	Well No. 5	Pool Name, including Formation South Bisti Gallup Ext.	Kind of Lease State, Federal or Fee State	Lease No. V-1509
Location				
Unit Letter K	1980	Feet From The South	Line and 1980	Feet From The West
Line of Section 32	Township 24N	Range 10W	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"/> Canoco	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1429, Bloomfield, NM 87413	
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 G	Sec. 32
	Twp. 24N	Rge. 10W
	Is gas actually connected?	When
	Yes	3-15-88

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
Jim L. Jacobs (Signature)
Geologist (Title)
3-16-88 (Date)

OIL CONSERVATION DIVISION

APPROVED **MAR 17 1988**, 19 **UN**
 BY **Original Signed by CHARLES GHOLSON**
 TITLE **DEPUTY OIL & GAS INSPECTOR, DIST. #2**

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

Designate Type of Completion - (X)		Oil Well XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res. ^v	Diff. Res. ^v
Date Spudded 12-18-87	Date Compl. Ready to Prod. 3-15-88		Total Depth 4810'		P.B.T.D. 4739'				
Elevations (DF, RKB, RT, GR, etc.) 6603' GL; 6615' RKB		Name of Producing Formation Gallup		Top Oil/Gas Pay 4425'		Tubing Depth 4635'			
Perforations 4425' - 4672' - Gallup						Depth Casing Shoe 4810'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"		8-5/8" OD		223'		159 cf			
7-7/8"		4-1/2" OD		4810'		1513 cf in 2 stages			
		2-3/8"		4635'					

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 3-15-88	Date of Test 3-16-88	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 24 hours	Tubing Pressure NA	Casing Pressure 15 psi	Choke Size ---
Actual Prod. During Test 39BO, 12 MCF, 18 BW*	Oil - Bbls. 39 BOPD	Water - Bbls. 18 BLWPD*	Gas - MCF 12 MCFD

*water is frac fluid

GAS WELL

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