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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 87501REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASForm C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1RECEIVED  
FEB 19 1988  
OIL CON. DIV.  
DIST. 3

I. Operator  
**DUGAN PRODUCTION CORP.**

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

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> casinghead Gas	<input type="checkbox"/> Condensate

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Gold Medal</b>	Well No. <b>6</b>	Pool Name, including Formation <b>South Bisti Gallup</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>NM-22044</b>
Location				
Unit Letter <b>K</b>	<b>1980</b>	Feet From The <b>South</b>	Line and <b>1980</b>	Feet From The <b>West</b>
Line of Section <b>31</b>	Township <b>24N</b>	Range <b>10W</b>	NMPM, <b>San Juan</b> 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>Conoco</b>	Address (Give address to which approved copy of this form is to be sent) <b>P O Box 1429, Bloomfield, NM 87413</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 Sec. Twp. Rge. Is gas actually connected? When
<b>O 31 24N 10W</b>	<b>Yes 2-16-88</b>

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)

(Date)

2-18-88

## OIL CONSERVATION DIVISION

APPROVED FEB 19 1988

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT # 8

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 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.
		XX		XX					
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
12-24-87	1-12-88			4720'			4663'		
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
6535' GL; 6547' RKB	Gallup			4301'			4543'		
Perforations							Depth Casing Shoe		
4301' - 4561' - Gallup							4717'		

#### TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	201' RKB	159 cf
7-7/8"	4-1/2"	4717' RKB	1600 cf in 2 stages
	2-3/8"	4543'	

#### 7. 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.)	
1-12-88	2-17-88	pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	80	80	---
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
47 BO, 18 MCF, *36 BLW	47 BOPD	18 MCFL	*36 BLWPD

\*Water is frac fluid

#### AS 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