

5 NMOC		1 File		State of New Mexico 1 Yates 1 Conoco		Form C-104 Revised 1-1-89 See Instructions at Bottom of Page			
Submitt 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240		Energy, Minerals and Natural Resources Department							
DISTRICT II P.O. Drawer DD, Artesia, NM 88210		OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088				3022/W			
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
Operator DUGAN PRODUCTION CORP.				Well API No. 30-045-27343					
Address P.O. Box 420, Farmington, NM 87499				RECEIVED MAY 11 1989 OIL CON. DIV. DIST. 3					
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> If change of operator give name and address of previous operator				<input type="checkbox"/> Other (Please explain)					
II. DESCRIPTION OF WELL AND LEASE									
Lease Name Oktoberfest Com		Well No. 2		Pool Name, Including Formation South Bisti Gallup Ext.		Kind of Lease (State, Federal or Fee) Lease No. LG-9804			
Location Unit Letter L : 1980 Feet From The South Line and 990 Feet From The West Line Section 36 Township 24N Range 10W, NMPM, San Juan County									
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS									
Name of Authorized Transporter of Oil Conoco, Inc.		<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		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 Dugan Production Corp.		<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent) P.O. Box 420, Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.		Unit L	Sec. 36	Tw. 24N	Rge. 10W	Is gas actually connected? Yes	When? 5-10-89		
If this production is commingled with that from any other lease or pool, give commingling order number.									
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 4-7-89		Date Compl. Ready to Prod. 5-11-89		Total Depth 5120'		P.B.T.D. 5062'			
Elevations (DF, RKB, RT, GR, etc.) 6878' GL		Name of Producing Formation Gallup		Top Oil/Gas Pay 4777'		Tubing Depth 5002'			
Perforations 4777' - 5005' - Gallup						Depth Casing Shoe 5122'			
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"		8-5/8" OD		211' RKB		188.8 cu. ft.			
7-7/8"		4-1/2" OD		5122' RKB		1644 cu. ft. in 2 stages			
		2-3/8" OD		5002' RKB					
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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 Tank 5-11-89		Date of Test 5-11-89		Producing Method (Flow, pump, gas lift, etc.) pumping					
Length of Test 24 hrs.		Tubing Pressure ---		Casing Pressure 35		Choke Size ---			
Actual Prod. During Test 45 BO, 55* BW, 23 MCF		Oil - Bbls. 45 BOPD		Water - Bbls. 55* BLWPD		Gas- MCF 23 MCFD			
*Water is frac fluid.									
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			
VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.				OIL CONSERVATION DIVISION Date Approved MAY 11 1989 By Original Signed by FRANK T. CHAVEZ Title					
Signature Jim L. Jacobs		Geologist							
Printed Name Jim L. Jacobs		Title							
Date 5-11-89		Telephone No. 325-1821							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.