

4 NMOCD 1 Andes 1 Lang 1 Robinson 1 File  
1 Mancos

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

3115/W  
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MAR 14 1986

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS 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)  
☒ New Well  
☐ Recompletion  
☐ Change in Ownership

Change in Transporter of:  
☐ Oil  
☐ Gashead 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 <b>Tapacitos</b>	Well No. <b>4</b>	Pool Name, including Formation <b>Gavilan Mancos</b>	Kind of Lease State, Federal or Free Federal <b>Federal</b>	Lease No. <b>NM 7993</b>
Location Unit Letter <b>0</b> : <b>1100</b> Feet From The <b>South</b> Line and <b>1600</b> Feet From The <b>East</b> Line of Section <b>36</b> Township <b>26N</b> Range <b>2W</b> , NMPM, <b>Rio Arriba</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

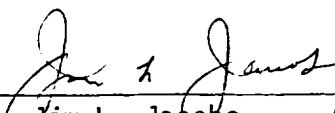
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>The Mancos Corp.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P O Box 1320, Farmington, NM 87499</b>					
Name of Authorized Transporter of Gashead Gas <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 <b>0</b>	Sec. <b>36</b>	Twp. <b>26N</b>	Rge. <b>2W</b>	Is gas actually connected? <b>No</b>	When <b>Waiting on Pipeline Connection</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)  
**3-12-86** (Date)

OIL CONSERVATION DIVISION

APPROVED **MAR 14 1986**  
BY **Original Signed by FRANK T. CHAVEZ**  
SUPERVISOR DISTRICT # 3  
TITLE

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 filled for each pool in multiple completed wells.

#### IV. COMPLETION DATA

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.			
12-9-85	3-1-86*		8500'			8373' PBD 8175' ETD			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
7595' GL; 7607' RKB	Mancos		6999'			7426'			
Perforations						Depth Casing Shoe			
6999' - 7813' Mancos						8497'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"		9-5/8"		213' RKB		195 cf			
7-7/8"		5-1/2"		8497' RKB		1795 cf in 3 stages			
		2-7/8"		7426'					

#### 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
2-19-86	3-3-86	Swabbing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
3 hrs	---	800	---
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
58 BO, 8 BLW, 30 MCF	464 BOPD	64 BLWPD	240 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

\*Per NMOCD Order R-8124, completion operations were delayed to accomodate a reservoir interference test with other wells, and per NMOCD letter of 1-13-86, allowable accumulation to begin 1-24-86.