

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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 1REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator DUGAN PRODUCTION CORP.	
Address P O Box 208, Farmington, NM 87499	
Reason(s) for filing (Check proper box)	Other (Please specify)
<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"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

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JUN 13 1985If change of ownership give name
and address of previous ownerOIL CON. DIV.
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name Faith	Well No. 5	Pool Name, including Formation Undesignated Gallup	Kind of Lease State, Federal or Fee Federal	Lease No. NM 33040
Location Unit Letter <u>E</u> ; <u>1850</u> Feet From The <u>North</u> Line and <u>790</u> Feet From The <u>West</u> Line of Section <u>19</u> Township <u>27N</u> Range <u>13W</u> , NMPM, 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"/> The Mancos Corporation	Address (Give address to which approved copy of this form is to be sent) P O Box 1320, Farmington, NM 87499
Name of Authorized Transporter of Casinghead 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 Sec. Twp. Rge. <u>E</u> <u>19</u> <u>27N</u> <u>13W</u>
Is gas actually connected?	When <u>No</u>

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.

John D. Roe
John D. Roe (Signature)
Petroleum Engineer (Title)
June 11, 1985 (Date)

OIL CONSERVATION DIVISION

JUN 13 1985

APPROVED _____
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 filed for each pool in multiply completed wells.

IV. COMPLETION DATA

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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 5-13-85		Date Compl. Ready to Prod. 6-5-85		Total Depth 5392'			P.B.T.D. 5325'		
Elevations (DF, RKB, RT, CR, etc.) 6108' GL; 6120' RKB		Name of Producing Formation Gallup		Top Oil/Gas Pay 5155'			Tubing Depth 5238' RKB		
Perforations 5155' - 5247' Gallup							Depth Casing Shoe 5378'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8" OD	198' RKB	159 cf
7-7/8"	4-1/2"	5378'	1575.6 cf in 2 stages
	2-3/8" OD	5238' RKB	

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 6-5-85	Date of Test 6-6-85	Producing Method (Flow, pump, gas lift, etc.) Swab & Flow	
Length of Test 10 hours	Tubing Pressure 0 psi	Casing Pressure 600 psi Shut-in	Choke Size 2"
Actual Prod. During Test 23 BO+ 23 BLW + 16.7 MCF	Oil - Bbls. 55 BOPD	Water - Bbls. 55 BLWpd	Gas - MCF 40 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