

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

5 NMOCD

1 Mancos

1 EPNG

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

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

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DEC 12 1985

OIL CON. DIV.  
DIST-3

REQUEST 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)

<input checked="" type="checkbox"/> New Well	Change In Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change In Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Lucky Billy Charlie</b>	Well No. <b>2</b>	Pool Name, including Formation <b>Gallegos Gallup Ext.</b>	Kind of Lease State, Federal or Fee Navajo	Lease No. <b>N00-C-1420</b>
Location				
Unit Letter <b>M</b> : <b>890</b> Feet From The <b>South</b> Line and <b>890</b> Feet From The <b>West</b>				
Line of Section <b>22</b> Township <b>27N</b> Range <b>13W</b> , NMPM, <b>San Juan</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

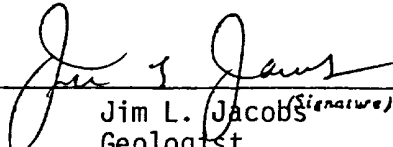
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>The Mancos Corp.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P O Box 1320, Farmington, NM 87499</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>El Paso Natural Gas</b>	Address (Give address to which approved copy of this form is to be sent) <b>P O Box 4990, Farmington, NM 87499</b>
If well produces oil or liquids, give location of tanks.	Unit : <b>M</b> Sec. : <b>22</b> Twp. : <b>27N</b> Rge. : <b>13W</b>
Is gas actually connected? <b>No</b> When	

If this production is commingled with that from any other lease or pool, give commingling order numbers

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)  
**12-11-85** (Date)

OIL CONSERVATION DIVISION

DEC 12 1985

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY **Original Signed by FRANK T. CHAVEZ**  
TITLE **SUPERVISOR DISTRICT # 3**

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 8-24-85	Date Compl. Ready to Prod. 9-14-85		Total Depth 5395'		P.B.T.D. 5332'				
Elevations (DF, RKB, RT, GR, etc.) 6081' GL; 6093' RKB	Name of Producing Formation Gallup		Top Oil/Gas Pay 5141'		Tubing Depth 5272' RKB				
Perforations 5141' - 5278' - Gallup						Depth Casing Shoe 5390' RKB			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8" OD		195' RKB		159 cf				
7-7/8"	4-1/2" OD		5390' RKB		1813 cf in 2 stages				
	2-3/8"		5272' 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 9-12-85	Date of Test 9-14-85	Producing Method (Flow, pump, gas lift, etc.) Swabbing & Flowing	
Length of Test 2 1/2 hrs	Tubing Pressure ---	Casing Pressure 550	Choke Size ---
Actual Prod. During Test 15 BO, 20 BLW, 6.75 MCF	Oil - Bbls. 144 BOPD	Water - Bbls. 192 BLWPD	Gas - MCF 65 MCFD est.

#### 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