

5 NMOCD

1 Celsius, Fmn

1 Celsius, SLC

1 File

1 Giant

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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	Change in Transporter of:
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas
	<input type="checkbox"/> Dry Gas
	<input type="checkbox"/> Condensate

RECEIVED
MAR 26 1985
OIL CON. DIV.
DIST. 3

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Monte Carlo	Well No. 1	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>K</u> ; <u>1450</u> Feet From The <u>South</u> Line and <u>1450</u> Feet From The <u>West</u> Line of Section <u>7</u> Township <u>30N</u> Range <u>14W</u> , NMPM, <u>San Juan</u> County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

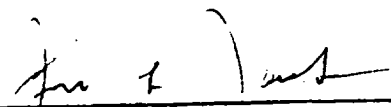
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Giant Refining	Address (Give address to which approved copy of this form is to be sent) P O Box 256, Farmington, NM 87499					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Dugan Production Corp.	Address (Give address to which approved copy of this form is to be sent) P O Box 208, Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 7	Twp. 30N	Rge. 14W	Is gas actually connected? No	When

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)

 March 25, 1985 (Date)

OIL CONSERVATION DIVISION
 4-19-85
 APR 19 1985
 APPROVED _____
 Original Signed by CHARLES GHOLSON
 BY _____
 TITLE _____
 DEPUTY OIL & GAS INSPECTOR DIST. #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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded 2-21-84	Date Compl. Ready to Prod. 3-18-84	Total Depth 5680'			P.B.T.D. 5639'				
Elevations (DF, RKB, RT, CR, etc.) 5377' GL; 5389' RKB	Name of Producing Formation Dakota	Top Oil/Gas Pay 5459'			Tubing Depth 5492' RKB				
Perforations 5459 - 5512' Dakota						Depth Casing Shoe 5680' RKB			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8" OD	210' RKB	159 cf
7-7/8"	4-1/2" OD	5680' RKB	1228 cf in 2 stgs.
	2-1/16"	5492'	1724

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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D 574	Length of Test 3 hrs	Bbls. Condensate/MMCF 10.0 (est.)	Gravity of Condensate 63° (est.)
Testing Method (pilot, back pr.) Back pressure	Tubing Pressure (Shut-in) 1700 psig	Casing Pressure (Shut-in) 1725 psig	Choke Size 9/16"