STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION			
BANTA FE		Γ	
FILE			
V.1.0,1,			
LAND OFFICE			
TRANSPORTER	OIL		
	BAB		
OPERATOR .			
PROBATION 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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1.		
Operator Dugan Production Comp		
Dugan Production Corp.	- BARINET	7
P O Box 208, Farmington, NM 87499	DECEIVE	
Reason(s) for liling (Check proper box)	Other (Please explain)	9
New Well Change in Transporter of:	MAR 2 6 1985	
	OIL CON. DIV.	
If change of ownership give name	DIST. 3	
and address of previous owner		
II. DESCRIPTION OF WELL AND LEASE	•	
Lease Name Well No. Pool Name, Including F		Lease No.
Monte Carlo 2 Basin Dakota	Slate, Federal or Fee Fee	
Location M 800 Feet From The South Line	010 Hoot	•
Unit Letter M; 800 Feet From The South Lin	e and 910 Feet From The West	
Line of Section 24 Township 30N Range	15W . ммрм. San Juan	County
THE DESIGNATION OF TRANSPORTER OF OH AND MATTIRAL	CAS	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Cil or Condensate	Address (Give address to which approved copy of this form is to	be sentj
Giant Refining	P O Box 256, Farmington, NM 87499	
Name of Authorized Transporter of Casinghead Gas or Dry Gas X	Address (Give address to which approved copy of this form is to	be sent)
Dugan Production Corp.	P 0 Box 208, Farmington, NM 87499	
If well produces oil or liquids, Unit Sec. Twp. Rgs. give location of tanks. M 24 30N 15W	1s gas actually connected? When NO	
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.		
	OIL CONSERVATION DIVISION	
VI. CERTIFICATE OF COMPLIANCE		IOOE
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED MAR 26.	1800
been complied with and that the information given is true and complete to the best of my knowledge and belief.	ByOriginal Signed by FRANK T. CHAV	<u> </u>
3 0	TITLE SUPERVISOR DIST	RICT # 3
I will met	This form is to be filed in compliance with RULE	1104.
/ Jim L. Jacobs (Signature)	If this is a request for allowable for a newly drille well, this form must be accompanied by a tabulation of tests taken on the well in accordance with AULE 111.	the deviation
Geologist (Tule)	All sections of this form must be filled out complete able on new and recompleted wells.	
March 25, 1985	Fill out only Sections I. II. III, and VI for change well name or number, or transporter, or other such change	
(Date)	Separate Forms C-104 must be filed for each por	
	completed wells.	

V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deep	en Plug Back Same Res'v. Diff. Res
Designate Type of Complet	$ion - (X)$ χ	X	1
ote Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
11-1-84	3-11-85	5600'	5545 '
levations (DF, RKB, RT, GR, etc.,		Top Oil/Gas Pay	Tubing Depth
5321' GL	Dakota	5426'	5444'
5426 - 5436' Dakota	1	Depth Casing Shoe 5598' RKB	
	TUBING, CASING, AL	ND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	206'	159 cf
	4-1/2"	5598' RKB	1973 cf in 3 stages
7-7/8"	1-1/2"	5444'	
7. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be able for this c		od oil and must be equal to or exceed top al
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	Oll-Bble.	Water - Bbis.	Gas • MCF
A O SUPPLY			
AS WELL Actual Prod. Test-MCF/D 271	Length of Test 3 hrs	Bhle. Condensate/MMCF 10.0 (est.)	Gravity of Condensate 63 (est.)
271	3 111 3	10.0 (000.7	

Tubing Pressure (shut-in)
1380 psig

10.0 (est.) Cosing Pressure (Shut-in)

1380 psig

Choke Size

1/2"

IV. COMPLETION DATA

Testing Method (pitot, back pr.)
back pressure