

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

**RECEIVED**  
MAR 28 1988  
OIL CONSERVATION DIV.  
DIST. 3

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U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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)  
 New Well  
 Recompletion  
 Change in Ownership  
 Change in Transporter of:  
 Oil  
 Casinghead 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>Bi-Knobs</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Twin Mounds-Fruitland PC</b>	Kind of Lease State, Federal or Fee	State	Lease No. <b>LG-3045-1</b>
Location Unit Letter <b>H</b> : <b>1850</b> Feet From The <b>North</b> Line and <b>940</b> Feet From The <b>East</b> Line of Section <b>32</b> Township <b>30N</b> Range <b>14W</b> , NMPM, <b>San Juan</b> 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"/> <b>Conoco</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1429, Bloomfield, NM 87413</b>				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>Dugan Production Corp.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 208, Farmington, NM 87499</b>				
If well produces oil or liquids, give location of tanks.	Unit <b>H</b>	Sec. <b>32</b>	Twp. <b>30N</b>	Rge. <b>14W</b>	Is gas actually connected? When <b>Will be connected on 3-28-88</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.

*Bud Crane*  
 Bud Crane (Signature)  
 Production Superintendent (Title)  
 3-25-88 (Date)

OIL CONSERVATION DIVISION  
**MAR 28 1988**  
 APPROVED \_\_\_\_\_  
 BY Original Signed by **CHARLES GHOLSON**  
 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 XX	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 4-3-85	Date Compl. Ready to Prod. 6-13-85		Total Depth 1050'		P.B.T.D. 1016'				
Elevations (DF, RKB, RT, CR, etc.) 5479' GL	Name of Producing Formation Pictured Cliffs		Top Oil/Gas Pay 943'		Tubing Depth none				
Perforations 943' - 954' PC						Depth Casing Shoe 1046'			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
8-3/4"		7"		103' GL		20 cf			
4-3/4"		2-7/8"		1046' GL		213.5 cf			

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 105 MCF/D	Length of Test 3 hours	Bbls. Condensate/MCF ---	Gravity of Condensate ---
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In) 170 si	Choke Size 1/2" pos.