:					
	No of the les rectives 5				
	DISTRIBUTION		ONSERVATION COMMISSION	Form C-104	
	SANTA FE /	REQUEST I	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65	
	FILE /		AND	~ 15°	
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS ()\\\	
	LAND OFFICE			19. '	
	TRANSPORTER OIL			10	
	GAS /				
	OPERATOR /				
ž.	PRORATION OFFICE Operator				
	Dugan Production Corp.				
	ddiess				
	P.O. Box 234, Farmington, NM 87401				
	Reason(s) for filing (Check proper post)		Other (Please explain)		
	New Well	Change in Transporter of:			
	Recompletion	OII Dry Gas	s T	Į	
	Change in Ownership	Casinghead Gas Conden	sate		
		beautiful and the second secon			
	If change of ownership give name and address of previous owner				
11.	DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Jicarilla Lease No. Characteristics Characteristics				
	A New Dawn	1 Otero Gallup Basin Dakota	State, Federal	or Fee Apache 37A	
	Location	- Başııı Dakota	Commission	Apacite 1 574	
	- 3.47	2 Couth	-	he West	
	Unit Letter II ; III ; III iii III III III III III				
	Line of Section 14 Tow	nship 24 N Range 5	Z. XY		
111	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S		
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approv	ed copy of this form is to be sent)	
	Inland Corporation		Box 1528 Farmington, NM 87401		
	Name of Authorized Transporter of Cas		Address (Give address to which approv		
	Northwest Pipel		Box 90 Farmington, NA	4 87401	
		Unit Sec. Twp. Rge.	Is gas actually connected? Whe	n	
	If well produces oil or liquids, give location of tanks.	L 14 24N 5W	NO		
	f this production is commingled with that from any other lease or pool, give commingling order number: Downhole Commingled Order				
		OMPLETION DATA R-500Z			
• • •			New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completio	n - (X)	X ! !		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	10-2-77	11-16-77	6825' RKB	6795 RKB	
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	' ' '	
	6562' RKB	Gallup & Dakota	Gallup 5623 Dakota 674:	2 6762 RKB Depth Casing Shoe	
	Perforations	T.C.A. T.C.D.C. F.C.O.D. C.7.49 (740 6755 6750 6769-679	1	
	5623-5630, 5654-5664, 5676-5688, 6742-6748, 6755-6759, 6769-6788 6825' RKB TUBING, CASING, AND CEMENTING RECORD				
				SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET 230' RKB	150/sx	
	12-1/4"	8-5/8" OD	6825' RKB	1918 cu ft	
		4-1/2" OD 1-1/2"	6762' RKB	2020 00 20	
		1-1/2	0702 100		
				I was be count to as assessed to attach	
V.		ST DATA AND REQUEST FOR ALLOWABLE. (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours)			
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	t, etc.)	
	9-1-28				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size.	
	manden or repr	-			
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	968	10 Hrs	99		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Chok* Siz*	
	10 hr draw down	i	1575 psi	20/64"	
				TION COMMISSION	
VI.	CERTIFICATE OF COMPLIANCE				
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			27 1977 . 19	
				Trees and the second	
			BEFERRENCE SELLE &		

This form is to be filed in compliance with RULE 1104.

TITLE_

Jim L. Jacobs

(Tille)

Trace)

Geologist

12-8-77

If this is a request for allowable for a nawly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with NULE 111.

All sections of this form must be filled out completely for silow-able 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.