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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

Operator Dugan Production Corp.	
Address P O Box 208, Farmington, NM 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

## II. DESCRIPTION OF WELL AND LEASE

DESCRIPTION OF WELL AND LEASE				Jicarilla Contract		Lease No.
Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease		State, Federal or Fee	
A New Dawn	#2	Basin Dakota	Apache		37-4	
Location						
Unit Letter	E	1610'	Feet From The	North	Line and	1120'
			Feet From The	West		
Line of Section	14	Township	24N	Range	5W	, NMPM, Rio Arriba County

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
TWC						
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
El Paso Natural Gas. Co.		P O Box 990, Farmington, NM 87401				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					No	

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

#### IV. COMPLETION DATA

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 8-20-80		Date Compl. Ready to Prod. 1-12-81		Total Depth 7025'		P.B.T.D. 6874'			
Elevations (DF, RKB, RT, GR, etc.) 6675' GL		Name of Producing Formation Dakota		Top Oil/Gas Pay 6793'		Tubing Depth 6783' RKB			
Perforations 6793-6809' and 6820-6839'						Depth Casing Shoe 6975' RKB			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8"		265' RKB		200 sx class B w/ 2% C <sub>2</sub> C				
7-7/8"	4-1/2"		6975' RKB		1st stage 543 cu.ft.				
	1-1/2"		6783' RKB		2nd stage 1044 cu.ft.				

### V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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

FEB 22 1961  
 OIL CON. CORP.  
 DIST. 3

## GAS WELL

GAS WELL			
Actual Prod. Test-MCF/D 2613 AOF	Length of Test 3 hrs	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (shut-in) 1598	Casing Pressure (shut-in) 1612	Choke Size 3/8"

## 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.

(Signature) Jim L. Jacobs

Geologist

2-19-81

(Date)

OIL CONSERVATION COMMISSION

**JUN 3 - 1981**

APPROVED \_\_\_\_\_ JUN 8 1957, 19

Original Signed by FRANK T. CHAVEZ

BY \_\_\_\_\_ SUPERVISOR DISTRICT # 3  
TITLE \_\_\_\_\_

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.