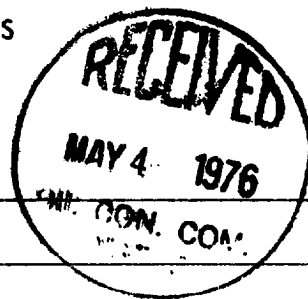


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| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | 1 |
| PRORATION OFFICE | |

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65



I. Operator
Dugan Production Corp.
Address
Box 234, Farmington, NM 87401
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|---|---|-----------------------|
| Lease Name Red Mac | Well No. 2 | Pool Name, Including Formation Undesignated - PC | Kind of Lease State, Federal or Fee Federal | Lease No. NM 25443 |
| Location Unit Letter <u>B G</u> ; <u>1500</u> Feet From The <u>North</u> Line and <u>1850</u> Feet From The <u>East</u> Line of Section <u>3</u> Township <u>25N</u> Range <u>12W</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 type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | |
| 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 Company | Box 990, Farmington, NM 87401 | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. |
| | Twp. | Pge. |
| | Is gas actually connected? When | |

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

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 11-6-75 | Date Compl. Ready to Prod. 4-27-76 | Total Depth 1240' | P.B.T.D. 1215' | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 6213' GR | Name of Producing Formation Pictured Cliffs | Top Oil/Gas Pay 1141' | Tubing Depth 1185' | | | | | |
| Perforations 1158-1162' and 1141-1144' | | | Depth Casing Shoe | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| 7-7/8" | 5-1/2" | 31' | 5 | | | | | |
| 4-3/4" | 2-7/8" | 1233' | 75 | | | | | |
| | 1-1/4" | 1185' | | | | | | |

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 |

GAS WELL

| | | | |
|---|---------------------------------|----------------------------------|-----------------------|
| Actual Prod. Test-MCF/D 102 AOF | Length of Test 3 hrs | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) One point back pressure | Tubing Pressure (shut-in) 80 | Casing Pressure (shut-in) 180 | Choke Size 5/8" |

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.

Jim L. Jacobs

Geologist

(Title)

5-3-76

(Date)

OIL CONSERVATION COMMISSION
MAY 5 1976
APPROVED _____, 19_____
BY Original Signed by A. R. Kendrick
TITLE SUPERVISOR DIST. #2

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.