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IRANSPORTER	OIL		l
	GAS	7	
OPERATOR			
PRORATION OFFICE		1	

-	DISTRIBUTION  SANTA FE  FILE	NEW MEXICO OIL CO REQUEST F	NSERVATION COMMON TOR ALLOWABLE AND	ISSION	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
	U.S.G.S. LAND OFFICE	AUTHORIZATION TO TRAN		NATURAL GAS			
	TRANSPORTER GAS						
1.	OPERATOR PRORATION OFFICE						
	Dugan Production	on Corp.					
	Box 234, Farmin	ngton, NM 87401					
	Reason(s) for filing (Check proper box)		Other (Pleas	: explain)			
	New Well  Recompletion	Change in Transporter of: Oil Dry Gas					
! -	Change in Ownership	Casinghead Gas Condens	sate				
	If change of ownership give name and address of previous owner						
II.	DESCRIPTION OF WELL AND I	JEASF.   Well No.   Pool Name, Including For	rmation	Kind of Lease	Lease No.		
	Lease Name Rachel	1 Undesignated		State, Federal or Fe	• Federal NM-61		
	Location	0	and 790		West		
	Unit Letter L : 1500	Feet From The South Line	and 790	Feet From The			
	Line of Section 34 Tow	nship 26N Range	12W , NMPN	1,	San Juan County		
ш.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)						
	Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy						
	El Paso Natural Gas	Company Unit   Sec.   Twp.   Ege.	Box 990, Fax	mington, NM	87401		
	If well produces oil or liquids, give location of tanks.						
<b>T</b> 117	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool, g	give commingling orde				
14.	Designate Type of Completion	n - (X)   Gas Well X	New Well Workover	Deepen Plug	Back   Same Resty. Diff. Resty.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B	.T.D.		
	8-20-75	9-5-75 Name of Producing Formation	1275¹ Top Oil/Gas Pay	Tub	1251'		
	Elevations (DF, RKB, RT, GR, etc.) 6174 GR	Pictured Cliffs	1145'				
	Perforations Depth Casing Shoe						
	1145-1151'	1145-1151' TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH S	SET	SACKS CEMENT  5 SX		
	7-7/8" 4-3/4"	5-1/2" 2-7/8"	1251'		126 cu ft		
	7 0/ 1				- (FD)		
ν.	EST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be said to a exceed to allowable for this depth or be for full 24 hours)						
	OII, WELL  Date First New Cil Run To Tanks	Date of Test	Producing Method (Flo	w, pump, gas lift, etc.	1 (5) (5) (5) (5)		
	Length of Test	Tubing Pressure	Casing Pressure	Cho	oke Siz		
-	Actual Prod. During Test	Oil-Bhia.	Water-Bbis.	Gan	-MCF G		
	GAS WELL						
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MM	CF Gra	rvity of Condensate		
	Teating Method (pitot, back pr.)	3 hrs Tubing Pressure (shut-in)	Casing Pressure (Shu	t-in) Cho	oxe Size		
	One point back pressure		175		5/8"		
VI.	VI. CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation given		OIL APPROVED	OIL CONSERVATION COMMISSION SEP 1 1975			
			By Original Signed by A. R. Kendrick				
	above is true and complete to the	SUPERVISOR DIST. #3					
		TITLE					
	- m Wus	This form is to be filed in compliance with NGCC or deepened  If this is a request for allowable for a newly drilled or deepened					

	Alice	
JUM	(Signature)	
Engineer	(Signature)	
TANY LITECT.	(Title)	
9-9-75		
	(Date)	

(Date)

well, this form must be accompanied by a tabulation of the 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.