4-USGS   1-Yates (Ray Beck)   1-File

Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

5. LEASE DESIGNATION AND SERIAL NO.

NM 17018

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

7. UNIT AGREEMENT NAME

1.

OIL WELL ☐   GAS WELL ☒   OTHER

8. FARM OR LEASE NAME

ABO

2. NAME OF OPERATOR

Dugan Production Corp.

9. WELL NO.

2

3. ADDRESS OF OPERATOR

Box 234, Farmington, NM 87401

10. FIELD AND POOL, OR WILDCAT

Undesignated - PC

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

990' FSL - 990' FWL

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec 28, T26N, R12W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6099' GR

12. COUNTY OR PARISH   13. STATE

San Juan | NM

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐
REPAIR WELL	☐	CHANGE PLANS	☐
(Other)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
(Other) _____		Completion	☒

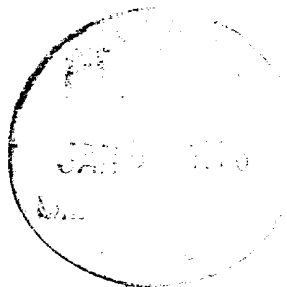(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

12-11-75
Ran bond log by Go International. Swabbed hole down to 800'. Perforated with two 2-1/8" glass jets/ft 1093-1098'. Made one swab run from btm, well kicked off making est 125 MCFGPD. Released rig. Job complete 1:00 PM 12-10-75.

1-3-76
Moved in Farmington Well Service swabbing unit. Ran 34 jts 1-1/4" OD 2.4# CW-55 10R EUE "A" condition tbg, cross pin in btm jt. TE 1096.97 set @ 1097' GR. Installed wellhead and master valve. Released rig. Job complete 11:50 AM 1-2-76.

JAN 7 1976

18. I hereby certify that the foregoing is true and correct

SIGNED Jim L. Jacobs

TITLE Geologist

DATE 1-6-76

(This space for Federal or State office use)

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Well API No.
DUGAN PRODUCTION CORP.	30-045-21896

Address

P.O. Box 420, Farmington, NM 87499

Reason(s) for Filing (Check proper box)

New Well ☐   Change in Transporter of: [X] Other (Please explain)
Recompletion ☐   Oil ☐   Dry Gas ☐   Pool Redesignation
Change in Operator ☐   Casinghead Gas ☐   Condensate ☐   Per NMOCD Order No. R-8769
Effective 11-1-88

f change of operator give name
nd address of previous operator _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
Abo	2	WAW Fruitland Sand PC	(Federal)	NM 17018

Location

Unit Letter ___M___ : ___990___ Feet From The _South_ Line and _990_ Feet From The _West_ Line

Section 28 _Township_ 26N _Range_ 12W , NMPM,   San Juan County

II. 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 [XX]	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company (no change)	P.O. Box 4990, Farmington, NM 87499

well produces oil or liquids, ve location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?

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

/. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v

ate Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
evations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
rforations			Depth Casing Shoe

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE

L 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.)

le First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
gth of Test	Tubing Pressure	Casing	oke Size
ual Prod. During Test	Oil - Bbls.	Water	ls.- MCF

S WELL

ual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
ing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

RECEIVED
NOV 14 1990
OIL CON. DIV
DIST. 3

. OPERATOR CERTIFICATE OF COMPLIANCE

hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above s true and complete to the best of my knowledge and belief.

Jim L. Jacobs   Geologist
Printed Name   Title
November 8, 1990   325-1821
Date   Telephone No.

OIL CONSERVATION DIVISION
NOV 1 4 1990

Date Approved _____

By _____

SUPERVISOR DISTRICT #3

Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104
1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
2) All sections of this form must be filled out for allowable on new and recompleted wells.
3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
4) Separate Form C-104 must be filed for each pool in multiply completed well.