4-NMOCC (AZTEC) 1-1ei	nneco (castre-penver) r	-гтте			7
NO. OF COPIES RECEIVED 4					,
DISTRIBUTION	NEW MEXICO OIL C	Form C-104			
SANTA FE /	REQUEST FOR ALLOWABLE			Supersedes Old C-	104 and C-1
FILE (AND		Effective 1-1-65	
U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND N	ATURAL GAS	;	
LAND OFFICE		,			
TRANSPORTER GAS /					
OPERATOR /					
PRORATION OFFICE					
Operator					
Dugan Product	ion Corp.				
Address Box 234, Farm	nington, NM 87401				
Reason(s) for filing (Check proper box,)	Other (Please	explain)		
New Well	Change in Transporter of:				
Recompletion	OII Dry Ga	s 🔲			
Change in Ownership	Casinghead Gas Conden	isate			
f change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	ormation	Kind of Lease		Lease No.
Lease Name	!	i		Fee Federal	
George Washington	4 Nipp PC Exter	nsion	State, Federal Cr	ree Federal	NM-61
Unit Letter A : 990	Feet From The North Lin	e and 990	_ Feet From The	East	· · · · · · · · · · · · · · · · · · ·
Line of Section 35 Tov	vnship 26N Range	12W , NMPM,		San Juan	County
DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	rer of oil AND NATURAL GA	Address (Give address t	o which approved	copy of this form is to b	e sent)
	and Gro Co.	Address (Give address t	a which approved	copy of this form is to b	e sent)
Name of Authorized Transporter of Cas					c sc,
El Paso Natural Gas		Box 990, Farm		87401	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	is gas actuary connecte	l		
	h that from any other lease or pool,	give commingling order	number:		
COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen P	lug Back Same Res'v.	Diff. Res
Designate Type of Completic	on = (X)	X		!	1
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F	P.B.T.D.	
12-2-76	2-9-77	1355'		1305'	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	T	ubing Depth	
6237' GR	Pictured Cliffs	1238'		1257'	
Perforations			E	Pepth Casing Shoe	
1238-1246'					
	TUBING, CASING, AND	CEMENTING RECOR	D		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT	
7-7/8"	5-1/2"	39'		5	
4-3/4"	2-7/8"	1334'		100	
	1-1/4"	1257		<u></u>	
		<u> </u>			
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volument or be for full 24 hours	ne of load oil and)	must be equal to or exc	eea top allo
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow		uc.)	<u> </u>
Length of Test	Tubing Pressure	Casing Pressure		Choke Size	
		<u> </u>		Gas-MCF	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.		MCC HOLL	/
	1		*	1 7	/
GAS WELL	Transhad Tasa	Bhis Condensate AA/C	- 12	Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF		Gravity of Condensate	
82 AOF	3 hrs	Casing Pressure (Shut-in)		Choke Size	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	1	,		
One point back pressure	120	192		1/2"	
CERTIFICATE OF COMPLIAN	CE	11		ON COMMISSION	
			1 / 1 / A	4 1 se	3
hereby certify that the rules and	egulations of the Oil Conservation	APPROVED	21. 1 There 6	D Fandrick	
Commission have been complied t	with and that the information given best of my knowledge and belief.	BY Original Signal	gned by A.	ELL ELOUINE GOAL	

Thomas A. Dugan (Signature) Petroleum Engineer

(Title)

(Date)

2-16-77

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

TITLE SUPERVISOR DIST. 43

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.