## 4-NMOCD 1-File NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

SANTA FE		AND	Effective 1-1-65	
FILE		AND	245	
U.S.G.S.	AUTHORIZATION TO TRANS	SPORT OIL AND NATURAL G	,,,,	
LAND OFFICE				
TRANSPORTER OIL				
GAS				
OPERATOR				
PRORATION OFFICE				
Operator				
Dugan Production Cor	0			
Address			l l	
Box 208, Farmington.	NM 87401	Other (Please explain)		
Reason(s) for filing (Check proper box	<i>}</i>	J	į.	
New Well	Change in Transporter of:			
Recompletion	Oil Dry Gas			
Change in Ownership	Casinghead Gas Condens	ate		
If change of ownership give name				
and address of previous owner				
DESCRIPTION OF WELL AND	LEASE	matten   Kind of Leas	Se Lease No.	
Lease Name	Well Ho.	nation	alor Fee Fed NM 12027	
Chaco Plant	1J WAW FR PC			
Location		700	Fact.	
	Feet From The South Line	and 790 Feet From	The East	
Unit Letter P : 790	1 00. 1 10		County	
	waship 26N Range	12W , NMPM, San Ju	ian County	
Line of Section 17 To				
THE PROPERTY OF THE ASSETS	TER OF OIL AND NATURAL GAS	3	the state from to to be contil	
DESIGNATION OF TRANSPOR Name of Authorized Transporter of O	TER OF OIL AND NATURAL GAS	Address (Give address to which appr	oved copy of this form is to be sent;	
Name of Authorized Transporter of Or	None			
		Address (Give address to which appr	oved copy of this form is to be sent)	
Name of Authorized Transporter of C	29g	Box 990, Farmingt	on, NM 87401	
El Paso Natura	T. Dan		(hen	
If well produces oil or liquids,	Unit Sec. Twp. P.ge.	No .		
-ine togetten of tanks.				
station is commingled w	with that from any other lease or pool,	give commingling order number:		
COMPLETION DATA		New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.	
	Oil Well Gas Well	Maw well works and		
Designate Type of Complet	ion – (X) X	X 1	P.B.T.D.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	1187'	
5-20-80	6-5-80	1240'		
	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth 1162'	
Elevations (DF, RKB, RT, GR, etc.) 6004 GL	WAW FR PC	1140'		
	1		Depth Casing Shoe	
Perforations 1140-1152				
1140-1132	THRING CASING AND	CEMENTING RECORD		
		DEPTH SET	SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE	86'	35 sx	
8-3/4"	/"	1230'	125 sx	
5"	2-7/8"	1162'		
	1-1/4"	110/		
			all and must be equal to or exceed top allow	
THE DATA AND PROUEST	FOR ALLOWABLE (Test must be a able for this de	ifter recovery of total volume of load of	oil and must be aduct to or thouse of	
OIL WELL	able for this di	Producing Method (Flow, pump, gas	s lift, etc.)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (1.10m, pamp, and	\$2	
20.0 1 20.0			Chake Size	
Length of Test	Tubing Pressure	Casing Pressure	1	
Faudtu or rear			Gas-MCF	
	Oil-Bbla.	Water-Bbls.	GG - MO	
Actual Prod. During Test	J. 2		10-1	
			M. A	
GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test			
109	3 hrs	Casing Pressure (Shut-in)	Choke Size	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	170	5/8"	
1	1 100	170		
Back pressure CERTIFICATE OF COMPLIA		OIL CONSER	EVATION COMMISSION	
. CERTIFICATE OF COMPLE			1480, 19	
	nd regulations of the Oil Conservation		IV T CUAVET	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given the heat of my knowledge and belief.		Original Signed by FRAN	Original Signed by FRANK T. CHAVEZ	
above is true and complete to	the best of my knowledge and belief.	SUPERVISOR DIS	TRICT 幣間	
		TITLE		
	$\bigcap$		in compliance with RULE 1104.	
To X Varah		This form is to be fried in complete.  If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviation well, this form must be accompanied by a tabulation of the deviation well, this form must be accordance with RULE 111.		
(Signature)				
	ologist	il of this form	" wiret pe illied off combrarary re-	
		able on new and recomplete	d wells.	
9	(Title)	Fill out only Sections	I. II. III, and VI for changes of own aporter or other such change of conditi	
7	-23-80 (Date)	well name or number, or trans	I. II. III, and VI for change of conditions	