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SANTA FE					
FILE					
U.S.G.S.					
LAND OFFICE					
TRANSPORTER	OIL				
IMANSPORTER	GAS				
OPERATOR					
PRORATION OF					
Operator					
Dugan Production C					
Address					
P 0 B0x	208_	Farr	nin		

4 - NMOCD 1 - So. Union Exploration Co. NEW MEXICO OIL CONSERVATION COMMISSION

1 - El Paso Form C-104

1 - File

t	SANTA FE	REQUEST FO	OR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65						
Ţ	FILE		AND							
- }	U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL GA	3						
ŀ	OIL									
	TRANSPORTER GAS									
	OPERATOR									
ı.	PRORATION OFFICE									
- 1	Dugan Production Co	rp								
Ì	Address									
	P 0 BOx 208 Farming	ton, NM 87401	Other (Please explain)							
	Reason(s) for filing (Check proper box)  New We!!  Change in Transporter of:									
	Recompletion	Oil Dry Gas								
	Change in Ownership Casinghead Gas Condensate									
	If change of ownership give name									
	and address of previous owner									
**	DESCRIPTION OF WELL AND L	EASE		Large No.						
	Lease Name Well No. Pool Name, including 1 State Federal of Fee F. J. 1 NM 2004C									
	Dani Dea i									
	Location 0 790'	Feet From The South Line	and 1800' Feet From Th	e East						
	Unit Letter;									
	Line of Section 7 Town	nship 26N Range 12	W , ммрм, San Jua	an County						
		ED OF OH AND NATURAL GAS	5							
111.	DESIGNATION OF TRANSPORT	or Condensate	Address (Give address to which approve	ed copy of this form is to be sent)						
	1		Address (Give address to which approve	d conv of this form is to be sent)						
	Name of Authorized Transporter of Cas									
	El Paso Natural Gas		P O Box 990, Family is gas actually connected?	NM 87401:						
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rige.	No ALLF							
If this production is commingled with that from any other lease or pool, give commingling order puber:										
ıv.	If this production is commingled with COMPLETION DATA			Odr Back Same Res'v. Diff. Res V						
	Designate Type of Completio	On wen	\ \ \CON \ \CO	2 1900						
	Date Spudded	Date Compl. Ready to Prod.	Total Depth DIST. 3	MIB. TO. ON COM						
	12-30-80	2-5-81	1240'	70.5						
	12-30-80 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Otl/Gas Pay	Tubing Depth						
	5942' GL	Pictured Cliffs	1104'	Depth Casing Shoe						
	Perforations 1104'-1110' & 1114'-1124' 1235' GL									
	TUBING, CASING, AND CEMENTING RECORD									
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	35 sx class B						
	8-3/4"	7" 2-7/8"	88' GL	222 cu.ft.						
	5"	2-110	1233 0							
v	V. TEST DATA AND REQUEST FOR ALLOWABLE OII. WELL Date First New Oil Run To Tanks Date of Test  OTHER TO Tanks  OII Date First New Oil Run To Tanks									
	Date First New Oil Num 10 14m2			Choke Size						
	Length of Test	Tubing Pressure	Casing Pressure	Chore 3124						
		Oil-Bbls.	Water - Bbis.	Gas-MCF						
	Actual Prod. During Test	0182.2.								
	GAS WELL		Bbis. Condensate/MMCF	Gravity of Condensate						
	Actual Prod. Test-MCF/D	Length of Test	Bala. Golizania i a miner							
	52 AOF Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size						
	one-point back pressure		128 psi	3/8"						
OIL CONSERVATION COMMITTEE										
			APPROVED MAR 51981							
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.			Original Signed by FRANK	Original Signed by FRANK T. CHAVEZ						
			SUPERVISOR DISTRICT # 2							
			TITLE							
This form is to be filed in compliance with RULE 1										
(Signature) Jim L. Jacobs Geologist (Title)			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.							
							2-26-81		Fill out only Sections I, II, III, and VI for changes of owne well name or number, or transporter, or other such change of conditions.	
						(Date)			well name or number, or transporter, or other such states with the second second in multiple Separate Forms C-104 must be filed for each pool in multiple	

Separate Forms C-104 must be filed for each pool in multiply completed wells.