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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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4 - NMOCDC 1 - So. Union Exploration 1 - El Paso 1 - File

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

Operator Dugan Production Corp.	
Address P O Box 208, Farmington, NM	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE	
Lease Name Hard Deal	Well No. #4
Pool Name, Including Formation WAW Fruitland P.C.	
Kind of Lease State, Federal or Fee	Lease No. NM 22046
Location	
Unit Letter H	1630 Feet From The North Line and 950 Feet From The East
Line of Section 18	Township 26N Range 12W, NMPM, San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co.	P O Box 990, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	No

If 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 Res'v.
	XX XX
Date Spudded 1-7-81	Date Compl. Ready to Prod. 2-5-81
Elevations (DF, RKB, RT, GR, etc.) 5967'	Name of Producing Formation P.C.
Total Depth 1240'	
Top Oil/Gas Pay 1108'	
Perforations 1108'-1118', 1125'-1132', 1 SPF 17 holes	
Depth Casing Shoe 1123' GL	
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
8-3/4"	7"
5"	2-7/8"
	1-1/4"
DEPTH SET	SACKS CEMENT
89' GL	35 sx class "B"
1223' GL	75 sx lodense + 50 sx class
1113' GL	B w/ 1/4# cello flake/sx

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL 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)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL	
Actual Prod. Test-MCF/D 69 AOF	Length of Test 3 hrs
Testing Method (pitot, back pr.) one-point back pr.	Tubing Pressure (Shut-in) 140 SI
Bble. Condensate/MMCF	Gravity of Condensate
Casing Pressure (Shut-in) 140 SI	Choke Size 1/2"

VI. CERTIFICATE OF COMPLIANCE

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.

(Signature) Jim L. Jacobs  
Geologist  
(Title)  
2-26-81  
(Date)

OIL CONSERVATION COMMISSION  
MAR 5 1981  
APPROVED  
Original Signed by FRANK T. CHAVEZ  
BY

TITLE SUPERVISOR DISTRICT # 3  
This form is to be filed in compliance with RULE 1104.  
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.