	4-NMOCC 1-File			
	DISTRIBUTION SANTA FE /		CONSERVATION COMMISSION T FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65
	U.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL AND NA		· · · ·
	LAND OFFICE	-	TARS ON OIL AND NATURAL	GAS
	TRANSPORTER OIL GAS /	-		
	OPERATOR /			
I.	PRORATION OFFICE Operator			3931976
	Dugan Production Corp.			The sale com.
	Address C. Bisl. 3			DIST. 3
	Box 234, Far Reason(s) for filing (Check proper box	mington, NM 87401	Other (Please explain)	
	New Well Change in Transporter of:		I	porter's name from
	Recompletion Oil Dry G		Gas Southern Union Gas Company to Gas	
	Change in Ownership	Casinghead Gas Cond	ensate Company of New 1	Mexico effective 8-31-76
	If change of ownership give name and address of previous owner			
19	DESCRIPTION OF WELL AND LEASE			
	Lease Name	Well No. Pool Name, Including		Ledse No.
	Tonkin	l West Kutz Pic	ctured Cliffs State, Federa	or Fee Federal SF 07911
	Unit Letter K 198	BO Feet From The South L	ine and 1970 Feet From	The West
			• •	
	Line of Section 13 Tov	wnship 27N Range	12W , NMPM,	San Juan County
111.	DESIGNATION OF TRANSPORT			
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appro	ved copy of this form is to be sent)
	Name of Authorized Transporter of Casinghead Gas or Dry Gas X		Address (Give address to which appro	ved copy of this form is to be sent)
	Gas Company of New Mex	· · · · · · · · · · · · · · · · · ·	Box 388, Bloomfield, N	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	en
IV.	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool	, give commingling order number:	
	Designate Type of Completio	on - (X)	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Perforations	<u></u>		Depth Casing Shoe
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V.	TEST DATA AND REQUEST FOR ALLOWABLE (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)			
í	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lij	(t, etc.)
	Length of Test	Tubing Pressure	Cdsing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbis.	Water - Bbis.	Gas-MCF
I				
	GAS WELL			
ſ	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
ŀ	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
			(0.000)	
VI.	CERTIFICATE OF COMPLIANC	E	OIL CONSERVA	TION COMMISSION
	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.		SEP 2.5 1975 APPROVED	
(
•			SILDEBALCOD DIST. #3	
	$\sim 11/$		11166	
	J. A. Wush Thomas A. Dugan		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened	
-	(Signature)		well, this form must be accompar tests taken on the well in accom	nied by a tabulation of the deviation
-	Engineer (Title)		All sections of this form mus	at be filled out completely for allow-
	9-21-76		able on new and recompleted we	11 s.
-	9-21-76 (Dat	e)	well name or number, or transports	III, and VI for changes of owner, er, or other such change of condition.
			II Conserts Forms C-104 must	he filed for such noof in multiplu