4-NMULL NO. OF COPICS RECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 Supersedes Old C-104 and C-110 SANTA FE REQUEST FOR ALLOWABLE FILE Effective 1-1-65 AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL IRANSPORTER GAS OPERATOR PRORATION OFFICE Dugan Production Corp. Box 234, Farmington, New Mexico 87401 Reason(s) for filing (Check proper box) Other (Please explain) X Vew Well Change in Transporter of: Oil Dry Gas Recompletion Change in Ownership Casinahead Gas Condensate If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Lease No. $\mathscr{S}_{\mathcal{C}}$ State, Federal or Fee Federal NM-1 WAW WAW 0553184 L 950 West 1500 Feet From The South Line and Feet From The Unit Letter 32 27N 13W San Juan Range , NMPM, County Township Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas X Box 234, Farmington, New Mexico Dugan Production Corp. When P.ge. Is gas actually connected? If well produces oil or liquids, 5-7-75 give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Plug Back | Same Res'v. Diff. Res'v. Oil Well Gas Well New Well Workover Deepen Designate Type of Completion - (X) X X Total Depth P.B.T.D. Date Spudded Date Compl. Ready to Prod. 1411' 1355' 5-19-70 6-20-70 Name of Producing Formation Top Cil/Gas Pay Tubing Depth Elevations (DF, RKB, RT, GR, etc.) 1303' 1315' 6172' GR Pictured Cliffs Depth Casing Shoe Perforations 1325-1329' TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE 6-1/4" 5-1/2" 14' 5 sx 1401' 2-7/8" 50 sx 4-3/4" 1303' 1-1/4" (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) V. TEST DATA AND REQUEST FOR ALLOWABLE Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Water-Bbls. Actual Prod. During Test Oil-Bbls.

GAS WELL

Actual Prod. Test-MCF/D

603 AOF

Testing Method (pitot, back pr.)

One point back press

197 SI

Bbls. Condensate/MMCF

Gravity of Condensate

Gravity of Condensate

Casing Pressure (Shut-in)

Choke Size

197 SI

5/8"

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 in true and complete to the best of my knowledge and belief.

above is true and complete to the best of my knowledge and belief.
J. A. Duch
(Signature)
Engineer /
(Title)
4-30-75
(Date)

OIL CONSERVATION COMMISSION

APPROVED_			MAY	1 19 1975
By Original	Signed	by Emery (J. Arnold	i
TITLE		SUPERVIS		

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

If this is a request for silowable 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 silowable 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.