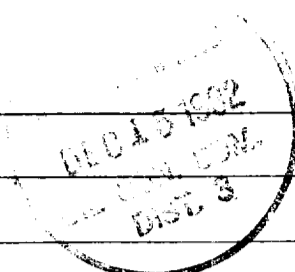


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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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NEW MEXICO OIL CONSERVATION COMMISSION
**REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

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



I. Operator
 Operator: Dugan Production Corp.
 Address: P. O. Box 208, Farmington, NM 87499
 Reason(s) for filing (Check proper box):
 New Well 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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Wayout</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Wildcat - Pictured Cliffs</u>	Kind of Lease State, Federal or Fee <u>Federal NM</u>	Lease No. <u>0558652A</u>
Location Unit Letter <u>L</u> , <u>1450</u> Feet From The <u>South</u> Line and <u>1000</u> Feet From The <u>West</u> Line of Section <u>5</u> Township <u>27N</u> Range <u>13W</u> , NMPM, <u>San Juan</u> County				

III. 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)
<u>Dugan Production Corp.</u>	<u>P.O. Box 208, Farmington, NM 87499</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded <u>11-6-75</u>	Date Compl. Ready to Prod. <u>12-9-75</u>	Total Depth <u>1480'</u>	P.B.T.D. <u>1420'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>5962' GR</u>	Name of Producing Formation <u>Pictured Cliffs</u>	Top Oil/Gas Pay <u>1343'</u>	Tubing Depth ---					
Perforations <u>1343-48' and 1353-57'</u>			Depth Casing Shoe ---					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>6-3/4"</u>	<u>5-1/2"</u>	<u>34'</u>	<u>5 SX</u>
<u>4-3/4"</u>	<u>2-7/8"</u>	<u>1459'</u>	<u>100 SX</u>

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 <u>151 AOF</u>	Length of Test <u>3 hrs.</u>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) <u>One point back pressure</u>	Tubing Pressure (Shut-in) ----	Casing Pressure (Shut-in) <u>271</u>	Choke Size <u>5/8"</u>

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.

Bud Crane
 Bud Crane (Signature)
 Production Superintendent (Title)
12-14-82
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
 BY Original Signed by CHARLES SWANSON
 TITLE DEPUTY OIL & GAS

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.