

4-NMOCU 1-F11E

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| TRANSPORTER | OIL |
| | GAS |
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| PRORATION OFFICE | |

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

API 30-045-22694

| | |
|--|---|
| Operator Dugan Production Corp. | |
| Address Box 234, Farmington, NM 87401 | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| 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"/> |

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|----------------|--|---|-----------------------|
| Lease Name KR | Well No. #4 | Pool Name, Including Formation WAW Fruitland PC | Kind of Lease State, Federal or Fee Fed. | Lease No. NM 11580 |
| Location Unit Letter M ; 790 Feet From The South Line and 790 Feet From The West | | | | |
| Line of Section 20 Township 27N Range 13W , NMPM, San Juan County | | | | |

II. 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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Dugan Production Corp. | Box 234, Farmington, NM 87401 |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When |
| | Yes 4-28-79 |

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

V. 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 2-9-78 | Date Compl. Ready to Prod. 4-13-79 | Total Depth 1450' | P.B.T.D. 1402' | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 6094' GR | Name of Producing Formation WAW Fruitland PC | Top Oil/Gas Pay 1324' | Tubing Depth 1350' | | | | | |
| Perforations 1324-1334' | | | Depth Casing Shoe | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| 7-7/8 | 5-1/2" | 44' | 6 SX | | | | | |
| 4-3/4 | 2-7/8" | 1445' | 140 SX | | | | | |
| | 1-1/4" | 1350' | | | | | | |

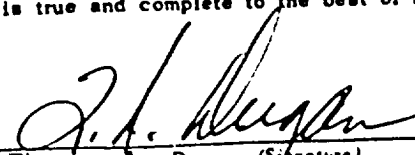
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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 WELL | | | |
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity or Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

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.


Thomas A. Dugan (Signature)
Petroleum Engineer
(Title)
5-1-79
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 8 1979, 19_____
BY Original Signed by A. R. Kendrick
SUPERVISOR DISTRICT # 3
TITLE _____

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.