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TRANSPORTER	1		
INANSPORTER	GAS		
OPERATOR		12	Ĺ

# NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

-	FILE /	7	AND	Effective 1-1-65
-	U.S.G.S.  LAND OFFICE	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL O	7A3
	TRANSPORTER GAS			
ļ	OPERATOR 2			
1.	Operator Operator			
	Dugan Production Co			
	Box 234, Farmington Reason(s) for filing (Check proper box,	N. M. 87401	Other (Please explain)	
	New Well	Change in Transporter of:		from T. A. Dugan to
	Recompletion  Change in Ownership	Oil Dry Gas Casinghead Gas Condens	Dugan Prod. Cor	р.
	If change of ownership give name and address of previous owner	Thomas A. Dugan, Box 234	, Farmington, N. M.	
II.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including For	rmation Kind of Leas	e Lease No.
	Lease Name Redfern	3 San Juan Under	signated Farmington Federa	rl or Fee Fed.
	Location Unit Letter A : 940	Feet From The North Line	and 840 Feet From	The East
	Line of Section 16 To	wnship 28N Range	IIW , NMPM, San	Juan County
111	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GAS	S	1
	Name of Authorized Transporter of Oil	or Condensate	Address   Give dudiess to which app.	
	Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	Address (Give address to which appro	oved copy of this form is to be sent)
		Unit Sec. Twp. Rge.	Is gas actually connected?	nen
	If well produces oil or liquids, give location of tanks.			
IV.	If this production is commingled wincompletion DATA	oith that from any other lease or pool, a	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.
	Designate Type of Completi		Total Depth	P.B.T.D.
	Date Spudded	Date Compl. Ready to Prod.	Total Deptil	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Perforations			Depth Casing Shoe
		TUBING, CASING, AND	DEPTH SET	SACKS CEMENT
	HOLE SIZE	CASING & TUBING SIZE		
				the description of an allows
V	. TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a able for this de	pth or be for full 24 hours)	il and must be equal to or exceed top allow-
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	ajr, ac.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF 0 1968
				CIL CON COM
	GAS WELL			Gravity of Condensate
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
V!	I. CERTIFICATE OF COMPLIA	NCE		VATION COMMISSION 0CT 1 0 1968
		d regulations of the Oil Conservation with and that the information given		Emery C. Arnold
	Commission have been complied above is true and complete to t	he best of my knowledge and belief.	BY Olighan Olivina	SUPERVISOR DIST. #9
			TITLE	n compliance with RULE 1104.
				lamable for a newly drilled or deepened
	(Si	gnature)	well, this form must be accome	cordance with RULE 111.
		Title)	il shie on new and recompleted	must be filled out completely for allow- wells.
	,	(Date)	" wall name or number, or trans,	II. III, and VI for changes of owner, porten or other such change of condition.
	ſ		Separate Forms C-104 m completed wells.	nust be filed for each pool in multiply

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NO. OF COPIES RECE	5		
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OPERATOR		12	

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	SANTA FE	1			R	EQUEST F	OR ALLOWAB	LE		upersedes Old Mective 1-1-65	C-104 and C-110		
-	U.S.G.S.	-/-		ALITHODI.	7' A T ION	I TO TOAI	AND NSPORT OIL A	ND NATUDAL	GAS				
ŀ	LAND OFFICE			AUTHORIA	2.A I ION	N TO TRAI	NSFORT OIL A	IND NATURAL	GAS				
Ì	TRANSPORTER												
	GAS	/											
	OPERATOR	2											
I.	PRORATION OFFICE Operator												
	Dugan Product	:ion	Co	rp.									
ŀ	Address			•									
	Box 234, Farm				401		161						
	Reason(s) for filing (Check p	roper	box)			-6.	Other (1	Please explain)					
	New Well Recompletion			Change in Tro	dasporter	Dry Gas	. Chan	ge operator	from T.	A. Duga	n to		
	Change in Ownership XX			Casinghead G	rs 🔲	Conden		n Prod. Cor		Daga	55		
	If change of ownership give and address of previous ow			Thomas A.	Dugan	, Box 2	34, Farming	ton, N. M.					
и.	DESCRIPTION OF WELL Lease Name	L A	ND I	Well No. Po	ol Name,	Including Fo	ormation	Kind of Le			Lease No.		
	Redfern			3	Fulch	er Kutz	Under Farme	State, Fede	eral or Fee	Fed.			
	Location							,					
	Unit Letter A	. ;	940	Feet From T	The N	orth Line	e and <u><b>840</b></u>	Feet Fro	n The <b>Ea</b>	<u>st</u>			
	fine of Section 16		m	mship 28N		Range 1	1W .	NMPM. San	Juan		County		
	Line of Section		10%	namp ZON		Trange	1.61						
III.	DESIGNATION OF TRA	NSP	ORT	TER OF OIL AN	ND NAT	URAL GA	S		<del>,,</del>	<del> </del>			
	Name of Authorized Transpo	rter o	f Oil	or Conde	ensate [		Address (Give ad	dress to which app	roved copy of	this form is to	o be sent)		
	Name of Authorized Transpo	rter o	f Cas	inghead Gas	or Dry (	Gas XX	Address (Give ad	dress to which app	roved copy of	this form is t	o be sent)		
	El Paso Nat.				0. 21,	~~~ (IV)		Farmington,					
	If well produces oil or liquids,			Unit Sec.	Twp.	P.ge.	Is gas actually co		When				
	give location of tanks.			A 16	28N	<u> </u>							
	If this production is commi	ingle	d wit	h that from any o	ther leas	se or pool,	give commingling	order number:					
IV.	COMPLETION DATA			Oil V	Well	Gas Well	New Well Work	cover Deepen	Plug Bac	k Same Res	v. Diff. Res'v.		
	Designate Type of C	Comp	letio	on = (X)	1		1 !	1			i .		
	Date Spudded			Date Compl. Read	ly to Proc	d.	Total Depth	P.B.T.D	P.B.T.D.				
							Top Oil/Gas Pay	Tubing F	Tubing Depth				
	Elevations (DF, RKB, RT, (	GR, e	tc.j	Name of Producin	ng Format	ion	Top On/Gds Pdy		l ubing b		1		
	Perforations						<del>                                     </del>		Depth Co	rsing Shoe			
							CEMENTING R			SACKS CEN	AFNT		
	HOLE SIZE			CASING &	TUBING	SIZE	DEF	TH SET		SACKS CEN	NEN I		
									i				
V.	TEST DATA AND REQ	UES	T F	OR ALLOWABI	E (Te	st must be a	fter recovery of tot pth or be for full 2	al volume of load ( 4 hours)	oil and must b	e equal to or e	exceed top allow-		
	OIL WELL Date First New Oil Run To	Tank		Date of Test		10 10 11111 00		(Flow, pump, gas	lift, etc.)	<del></del>			
	Build ? Mar Hew day Have to	•								0	FPFI		
	Length of Test			Tubing Pressure			Casing Pressure		Choke S	20			
							Water - Bbls.		Ggs - MC	Gas-MCF O/7			
	Actual Prod. During Test			Oil-Bbis.			water - Bbis.	340	10 1000				
										1 co			
	GAS WELL									Dis	V. COM		
	Actual Prod. Test-MCF/D			Length of Test			Bbls. Condensat	e/MMCF	Gravity	of Condensate	3		
				Tubing Pressure			Casing Pressure	(Shut-in)	Choke S	Ize			
	Testing Method (pitot, back	t pr.)		Tubing Pressure	(SVAC-1	n j	Costing Pressure	(2)	0				
¥, w	CERTIFICATE OF CO	MDT	TAN	CF.		<del></del>	1	OIL CONSER	VATION C	OMMISSIO	N. 4000		
₩1.	CERTIFICATE OF CO	MPL	'IWIA	CE				<b>0,1</b> 00.101					
	I hereby certify that the r	rules	and	regulations of the	e Oil Co	nservation	APPROVED		<del></del>	,	19		
	Commission have been cabove is true and compl	namai	ied :	with and that the	e informa	ation given	BY_Origin	al Sianed b	y Emery	C. Arne	19		
	above is true and comp.			•	•			al Signed k	SUPER	VISOR DIS	ST. #3		
							TITLE						
	Original s	sign	oa 1	oy T. A. Dugi	ĉ. <b>n</b>		This for	m is to be filed a request for al	in compliand	e with RUL	E 1104. led or deenened		
			(Sien	ature)			I	m must be sccot	nnanied by a	i tabulation (	DI IDE GEATERTON		
	<b>Operator</b>		100				tests taken o	on the well in actions of this form	cordance wi	th RULE 11	1.		
			(Ti	tle)			able on new	and recompleted	wells.				
	9/6/68			<del>,</del>		<del></del>	Fill out	only Sections I number, or trans	, II, III, and	i VI for cha er auch chan	nges of owner, ge of condition.		
			(D	ate)			Separate	Forms C-104 r	nust be file	d for each p	oool in multiply		

Separate Forms C-104 must be filed for each pool in multiply completed wells.

• .

5 USGS		1
orm 9-331 UNITED STATES	SUBMIT IN TRIPLICATES (Other instructions on re	Duuget Duleau 110. 32-102
DEPARTMENT OF THE INTE	RIOR verse side)	5. LEASE DESIGNATION AND SERIAL P
GEOLOGICAL SURVEY		6. IF INDIAN, ALLOTTEE OR TRIBE NA
SUNDRY NOTICES AND REPORTS  (Do not use this form for proposals to drill or to deepen or plu	g back to a different reservoir.	
(Do not use this form for proposals to drift of to deepen of pla Use "APPLICATION FOR PERMIT—" for such	n proposats.)	7. UNIT AGREEMENT NAME
OIL GAS THER		
. NAME OF OPERATOR		8. FARM OR LEASE NAME
Dugan Production Corp.	· · · · · · · · · · · · · · · · · · ·	Redfern  9. WELL NO.
Box 234, Farmington, N. M.		3
LOCATION OF WELL (Report location clearly and in accordance with a	any State requirements.*	10. FIELD AND POOL, OR WILDCAT
See also space 17 below.) At surface		Fulcher Kutz
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
940' fnl 840' fel		Sec. 16, T28N, R11W
4. PERMIT NO.   15. ELEVATIONS (Show whether	r DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
5515' RKB		San Juan N. M.
6. Check Appropriate Box To Indicate	e Nature of Notice, Report, or	Other Data
NOTICE OF INTENTION TO:	SUBSE	QUENT REPORT OF:
TEST WATER SHUT-OFF PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CABING
SHOOT OR ACIDIZE ABANDON*	SHOOTING OR ACIDIZING	Change Operator XI
REPAIR WELL CHANGE PLANS	(Other)	Maria completion on Well
(Other)  17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertiance)	Completion or Recom	ts of multiple completion on Well pletion Report and Log form.)  s, including estimated date of starting the learning of the l
(Other)  17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertiproposed work. If well is directionally drilled, give subsurface nent to this work.) *  This is to change operator from Thomas A	l Completion or Recominent details, and give pertinent date locations and measured and true vert	piction Report and Log form.)  s, including estimated date of startia, ical depths for all markers and sones
<ol> <li>DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertiproposed work. If well is directionally drilled, give subsurface nent to this work.) *</li> </ol>	l Completion or Recominent details, and give pertinent date locations and measured and true vert	piction Report and Log form.)  s, including estimated date of startia, ical depths for all markers and sones
<ol> <li>DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertiproposed work. If well is directionally drilled, give subsurface nent to this work.) *</li> </ol>	l Completion or Recominent details, and give pertinent date locations and measured and true vert	cal depths for all markers and sones  Corp.
<ol> <li>DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertiproposed work. If well is directionally drilled, give subsurface nent to this work.) *</li> </ol>	inent details, and give pertinent date locations and measured and true vert.  Dugan to Dugan Prod.	cal depths for all markers and sones  Corp.
<ol> <li>DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertiproposed work. If well is directionally drilled, give subsurface nent to this work.) *</li> </ol>	Completion or Recominent details, and give pertinent date locations and measured and true vert.  Dugan to Dugan Prod.	cal depths for all markers and sones  Corp.
<ol> <li>DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertiproposed work. If well is directionally drilled, give subsurface nent to this work.) *</li> </ol>	Completion or Recominent details, and give pertinent date locations and measured and true vert.  Dugan to Dugan Prod.	cal depths for all markers and sones  Corp.
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertiproposed work. If well is directionally drilled, give subsurface nent to this work.)*  This is to change operator from Thomas A.  18. I hereby certify that the foregoing is true and correct Original signed by T. A. Dugan proposed.	Completion or Recominent details, and give pertinent date locations and measured and true vertile.  Dugan to Dugan Prod.	cal depths for all markers and sones  Corp.

as indicated, on Fed-oursuant to applicable ularly with regard to tte office.

ements. Consult local

al and/or State offices, ith present significant of below, between and ell; and date well site

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OPERATOR		1		
		T	I	

-	SANTA FE	- N	1	$\dashv$		N				OR ALLOWABLE 5						Form C-104 Supersedes Old C-104 and C-110				
- ⊢	FILE		1							AND						Effective 1-1	-65			
	U.S.G.S.		$\dashv$		AUT	HORI	ZATIO	N TO TI	RAN	SPOR'	T OIL A	ND NA	TURA	L GA	S					
-	LAND OFFICE	OIL	<del>,  </del>	$\dashv$																
ļ	I RANSPORTER	GAS	<del>;</del>	$\dashv$																
	OPERATOR		7																	
1.	PRORATION OF	FICE											<del></del>							
	Operator  Dugan Prod	uction	ı Cor	rpar	ation															
- }	Address								_											
	P. O. Box				on, N	ew M	exico	8740	1		101 1	<u> </u>	1							
	Reason(s) for filing	(Check pt	roper b	ox)	Chan-	T	ransporte	r of:			Other ()	Please e	xpiain)							
	New Well Recompletion	H			Oil	e m m			Gas									1		
1	Change in Ownershi					ghead (	Gcs 🔲	Con	ndens	ate 💢	}									
L		• • • • • • • • •																		
1	if change of owners and address of pre-	vious ow	ner													<u> </u>				
	DESCRIPTION (	or wet	T AN	mte	TACE													<del></del>		
II.	DESCRIPTION C	JF WEL	LAN	D LE	Well	No. Po		, Including				- 1	(ind of L		- F	Endomal		021116		
	Redfern				3		Unde	sig	· Fa	irm n	gton		tate, re	deraid	rree	Federal	141.8	321110		
	Location			040				Nonth		,	840		Feet F	rom Th	_	East		1		
	Unit Letter	<u>A</u>	;	940	Feet	From '	The	North	_				. 1 601 1							
	Line of Section	16		Towns	ship 2	.8N		Range	114	<u> </u>		NMPM,		Sar	1 Ju	an		County		
									CAS											
Ш.	DESIGNATION (	DF TRA	NSPC	OIL	ROF	OIL A	ND NA	TURAL	GAS	Address	s (Give ad	dress to	which a	pprove	d copy	of this form i		sent)		
	Thrift-Way									2011	East	Main,	Fam	n <b>i</b> ngi	ton,	N.M. 8	<u>7401                                    </u>			
	Name of Authorized	d Transpor	rter of	Casin		ıs 🗌	or Dry	Gas 🗶								of this form	15 to be 1 401	sent)		
	El Paso Na	atural	Gas			Saa	Twp.	. Rge.		P. U	. Box	990,	rarm	When		N.M. 01	401			
	If well produces of give location of tar	nks.		,	_A	Sec. 16	_   28	3N   17	IW				<del> </del>	<u>i</u>						
	If this production	is commi	ngled	with	that from	m any	other le	ase or po	o1, g	give con	mmingling	g order	number							
IV.	COMPLETION I				(V)	Oil	Well	Gas Wel	11	New We	ell Wor	kover	Deepe	n	Plug	Back   Same 1	Restv.¦[	Diff. Restv.		
	Designate Ty	ype of C	omple			1		1		Total Depth P.B.T.D.										
	Date Spudded	-			Date Com	pl. Red	ady to Pr	oa.		Iotari	Jeptii									
	Flevations (DF Ri	KR. RT. C	R etc	C 1	Name of I	Produc	ing Form	ation		Top Oil/Gas Pay Tubi					Tubir	oing Depth				
	Elevations (DF, RKB, RT, GR, etc.)										Depth Casing Sho					Casina Shoe				
	Perforations								Dep					Depti	0451114 01100					
					<del></del>	TUBING, CASING, AND					CEMENTING RECORD									
	ног	E SIZE		T	CA			NG SIZE				TH SE			SACKS CEMENT					
															L					
<b>1</b> 7	TEST DATA A	ND REQ	TIES	T FO	R ALL	OWAB	LE (	Test must	be af	ter reco	very of to	al volum	ne of loo	id oil a	nd mu	rt be equal to	or excee	d top allow		
٧.	OIL WELL				Date of 7			able for the	is de	Produc	e for full 2 sing Metho	d (Flow	pump,	gas lift	, etc.,	18.50	1			
	Date First New Oi	il Run To	Tanks	,	Date of 1	981					•	•			_/		VIN			
	Length of Test			-+	Tubing F	tesant	•			Casino	Pressure				Chok	d Size	Y LL	<b>' \</b>		
										Water	Bbls.				Gas.	MAN 1 9	1972	+		
	Actual Prod. Durin	ng Test			Oil-Bbla	<b>3.</b>				Water	52.5.				1	0011 1 0	1312			
															10	T. CON.	COM.			
	GAS WELL														\ <u>\</u>	ity of Conden	3/			
	Actual Prod. Test	t-MCF/D			Length o	f Test				Bbls.	Condensa	e/MMCI	•		Grav	Ity outpoilers				
		7 1		$-\!\!+\!\!$	Tubing F	Pressur	o Shut-	-in)		Casin	g Pressure	(Shut	-in)		Chol	e Size				
	Testing Method (p	pitot, oaca	; pr.,		I aprily i		· (( \$4220											<del></del>		
vi	CERTIFICATE	OF CO	MPL	IANC	E							OIL (	ONSE	RVA		COMMIS				
V 1.										A D S	PROVED				JUN	1 9 1972	. 19			
	I hereby certify to Commission have									H	- NOVEL		1 61		b∀ :	Emery C.	Arnol	.a		
	Commission have above is true ar	e peen c nd compi	ete to	o the	best of	my k	nowledg	e and bel	lief.	∥ BY.	01	1g1n8	11 OT							
										TIT	LE					SOR DIST				
			Ori	ginal	signed	ру					This for	m is to	be file	ed in	compl	iance with	ULE 11	104.		
			Jim	3 L. J	acobs						If this i	s a req	uest for	allov	vable	for a newly :	drilled on of th	or deepene		
				(Signal						well test		an the	well in	ACCO	CENC	, MILIU MOCE				
				Age!	nt					11	All sec	tions of	this fo	ted w	st be lis.	filled out co	mpletel			
			6	15.6-15)					_	1)						and VI for	change	s of owner		
				(Dat					-	wel	1 name of	unwoe	r, or tre	inspor	reri or	other such c				

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.