HO. OF COPIES RECEIVED		4	2
DISTRIBUTION			
SANTA FE		1	
FILE		1	V
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	/	
OPERATOR		1	
			1

-2-76

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

SANTA FE	-1 ,	OR ALLOWABLE Supersedes Old C-104 an Effective 1-1-65		
FILE 1 V	1	AND ION TO TRANSPORT OIL AND NATURAL GAS		
U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL C	3A3	
LAND OFFICE	4			
TRANSPORTER OIL	4			
GAS /	4			
OPERATOR /	-			
PRORATION OFFICE Operator				
Dugan Product	ion Corp.			
Address		· i		
	nington, NM 87401	and the second s		
Reason(s) for filing (Check proper box		Other (Please explain)	M	
New We!1	Change in Transporter of:		LOL CUR. COM.	
Recompletion	Oil Dry Gas		CIST. 3	
Change in Ownership	Casinghead Gas Condens	ute		
If change of ownership give name and address of previous owner				
and address of previous owner.				
DESCRIPTION OF WELL AND	LEASE	matten Kind of Leas	Lease No.	
Lease Name	Well No. Pool Name, merating	Segra Feder		
Knauff	1R Fulcher Kut	z - PC	reactar in ordi	
Location		1070	The West	
Unit Letter C; 1	190 Feet From The North Line	and 1850 Feet From	The West	
	0.001	10W , NMPM,	San Juan County	
Line of Section 31 To	ownship 28N Range	TOW , Item 1847		
	OF OUR AND NATURAL CAS	•		
DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GAS	Address (Give address to which appr	oved copy of this form is to be sent)	
Name of Authorized Transporter of O	" C. Generalia C.			
Name of Authorized Transporter of C	asinghead Gas or Dry Gas X	Address (Give address to which appr	oved copy of this form is to be sent)	
		Box 388, Bloomfield,	NM 87413	
Southern Union Gas (Unit Sec. Twp. P.ge.	Is gas actually connected?	/hen	
If well produces oil or liquids,	1 1 1	!		
give location of tanks.		in a series ling order number:		
If this production is commingled v	with that from any other lease or pool,	give comminging order number.		
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty	
Designate Type of Complet	$x_{ion} = (X)$	x		
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Date Spudded 2-13-76	3-16-76	1900'	1841'	
Elevations (DF, RKB, RT, GR, etc.)		Top Cil/Gas Pay	Tubing Depth	
5751' GR	Pictured Cliffs	1692'	1738'	
Perforations			Depth Casing Shoe	
1692-96! 1703-0	8', 1711-13', 1721-26, 17	30-34'		
1032 30 7 17 30 3	TUBING, CASING, AND	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	5-1/2"	96'	20	
7-7/8"	2-7/8"	1891'	135	
4-3/4"	1-1/4"	1738'		
		1		
DATE AND DEOUEST	FOR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load o	oil and must be equal to or exceed top allo	
OIL WELL	able for this de	pth or be for full 24 hours)	lift atc.)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	,.,,	
		Contra Description	Choke Size	
Length of Test	Tubing Pressure	Casing Pressure		
		Wares Bhia	Gas-MCF	
Actual Prod. During Test	Oil-Bbis.	Water - Bbls.		
GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test	Para Colmensara tenera		
1827 AOF	3 hrs	Casing Pressure (Shut-in)	Choke Size	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	205	5/8"	
One point back pressu	ire 200		VATION COMMISSION	
CERTIFICATE OF COMPLIA		11		
		APPROVED	976	
I hereby certify that the rules as	nd regulations of the Oil Conservation	AFFRUVED		
I hereby certify that the rules and regulations of the information given Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY West in the control of the contro		
above is true and complete to	the best of my minutes	4, 24 1.4		
J. A. Kluy		This form is to be filed	in compliance with RULE 1104.	
A. KULL	Thomas A. Dugan	If this is a request for a	llowable for a newly drilled or deeper	
	ignature)	well, this form must be account	cordence with RULE 111.	
//	· ·	Att martiage of this form	must be tilled out combinerary for min	
Engineer	(Title)	able on new and recompleted	7 MO1101	
· · · · · · · · · · · · · · · · · · ·			. w vit and Wi for changes of own	

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.