5 OCC 1 Richar	- 1,200			Laop		' -	
	dson odds le		13	XEBG		(ô	
NO. OF COPIES RECEIVED							
DISTRIBUTION	NEW ME	EXICO OIL CO	NSERVATION COMM	IISSION	Form C-104		
SANTA FE /			OR ALLOWABLE			Supersedes Old C-104 and C-	
FILE /	2		AND		Effective 1-1-6	5	
U.S.G.S.	AUTHORIZATI	ON TO TRAN	SPORT OIL AND	NATURAL GAS			
LAND OFFICE					951\d		
TRANSPORTER OIL /						The state of	
GAS /						Section V	
OPERATOR ,						481	
PRORATION OFFICE					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$ 15	
Operator)	COM	
Thomas A. Duga	<u>a</u>				1 m 1 m	1	
Address	1 27 36 device				3	e to fine	
	ngton, N. M. 8740	江					
Reason(s) for filing (Check proper b)x)		Other (Pleas	e explain)	· vat	W. C.	
New Well	Change in Transpor	terof:	FREE .				
Recompletion	011	Dry Gas	X				
Change in Ownership	Casinghead Gas	Condens	ate X				
I change of ownership give name							
and address of previous owner							
DESCRIPTION OF WELL AND Lease Name	Well No. Pool Nam	ne. Including For	rmation	Kind of Lease		Lease N	
	ļ .			State, Federal or	Fee Nomia	14-20-	
Pet. Inc.	1 Unde	esignated -	- Gallup	1	Navajo		
Location	//0	Mr	110		4.7 ±	603-2015	
Unit Letter;;	660 Feet From The	NOTTN Line	and 660	Feet From The	<u>West</u>		
	n	,	5 West , NMP		San Juan	Count	
Line of Section 26	Township 28 North	Range 1) West , NMPI	л,	Dan Guan	Count	
	DEED OF OH AND M	ATTIDAT CAS	,				
DESIGNATION OF TRANSPO Name of Authorized Transporter of C		XIURAL GAS	Address (Give address	to which approved	copy of this form is	to be sent)	
	··· · · · · · · · · · · · · · · · · ·						
Inland Corp. 'Name of Authorized Transporter of Corp.	Castrahaad Cas Co. or Dr	y Gas X	Box 1528, Address (Give address	to which approved	copy of this form is	to be sent)	
	Statinghadd Gds Or Dr	y Gds 🔼				,	
Thomas A. Dugan		- ID	Is gas actually connec	armington,	N. M. 0/4UL		
If well produces oil or liquids,	Unit Sec. Twi	' 1		fed wilett	70/00///		
give location of tanks.		28N 15W	Yes	-	12/30/66		
If this production is commingled	with that from any other 1	ease or pool, g	give commingling ord	er number:			
COMPLETION DATA	Oil Well	Gas Well	New Well Workover	Deepen P	lug Back Same Re	s'v. Diff. Re	
Designate Type of Comple	tion = (X)			1, # 1 4	l I	i	
Date Spudded	Date Compl. Ready to F	Prod.	Total Depth	F	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Form	nation	Top Oil/Gas Pay	Т	ubing Depth		
, , , , , , , , , , , , , , , , , , , ,	'						
Perforations			<u> </u>	[epth Casing Shoe		
	TUBING.	CASING, AND	CEMENTING RECO	RD			
	CASING & TUBI		DEPTH :		SACKS CE	MENT	
HOLE SIZE							
HOLE SIZE		1		:			
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	FOR ALLOWABLE	Test must be afi	ter recovery of total vo	lume of load oil and	must be equal to or	exceed top ai	
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be afi able for this dep	ter recovery of total vo	re)		exceed top a	
	FOR ALLOWABLE (Test must be afi	ter recovery of total vo- post or be for full 24 hou Producing Method (Fla	re)		exceed top al	
TEST DATA AND REQUEST	Date of Test	Test must be afi able for this dep	pth or be for full 24 hou Producing Method (Fla	re) w, pump, gas lift, o	etc.)	exceed top al	
TEST DATA AND REQUEST		Test must be afi able for this dep	pth or be for full 24 hou	re) w, pump, gas lift, o		exceed top al	
TEST DATA AND REQUEST OIL WELL Date First New Oil Run To Tanks	Date of Test	Test must be aftable for this dep	Producing Method (Fla Casing Pressure	re) ow, pump, gas lift, (ctc.) Choke Size	exceed top al	
TEST DATA AND REQUEST OIL WELL Date First New Oil Run To Tanks	Date of Test	Test must be afi able for this dep	pth or be for full 24 hou Producing Method (Fla	re) ow, pump, gas lift, (etc.)	exceed top al	
TEST DATA AND REQUEST OIL, WELL Date First New Oil Run To Tanks Length of Test	Date of Test	Test must be afi able for this dep	Producing Method (Fla Casing Pressure	re) ow, pump, gas lift, (ctc.) Choke Size	exceed top al	
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TEST DATA AND REQUEST OIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL	Date of Test Tubing Pressure Oil-Bbis.	Test must be afi able for this dep	Producing Method (Fla Casing Pressure Water-Bbls.	re) nw, pump, gas lift,	choke Size		
TEST DATA AND REQUEST OIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test	Date of Test	Test must be afi able for this dep	Producing Method (Fla Casing Pressure	re) nw, pump, gas lift,	ctc.) Choke Size		
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TEST DATA AND REQUEST OIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL	Date of Test Tubing Pressure Oil-Bbis.	able for this dep	Producing Method (Fla Casing Pressure Water-Bbls.	ce) nw, pump, gas lift,	choke Size		
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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.

(Title)

(Date)

Operator

1/11/67