

POST OFFICE BOX 234  
Zip Code 87401

# DUGAN PRODUCTION CORP.

THOMAS A. DUGAN, President

709 BLOOMFIELD RD.  
FARMINGTON, NEW MEXICO  
August 1, 1968

TELEPHONE: 325-9184 Office  
325-5694 Home

Area Code 505

Mr. Emery Arnold  
Oil Conservation Commission  
1000 Rio Brazos Road  
Aztec, New Mexico

Re: Walter Duncan [REDACTED]  
North Hogback 6 #3  
Sec. 6, T29N, R16W  
San Juan County, New Mexico

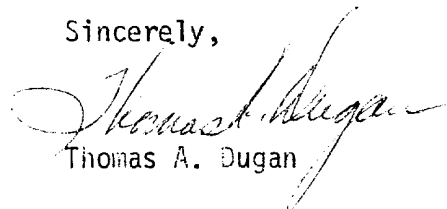
Dear Mr. Arnold:

This is to certify that deviation tests were run on the captioned well and the following is a true report of those tests:

1/2<sup>0</sup> - 350'

1/4<sup>0</sup> - 691'

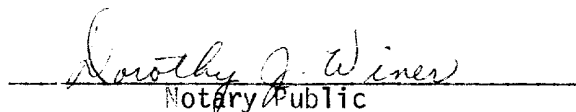
Sincerely,

  
Thomas A. Dugan

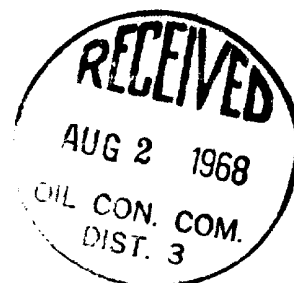
sc

State of New Mexico)ss  
County of San Juan )

Subscribed and sworn to before me this 1st day of August, 1968.

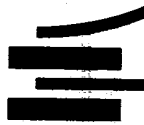
  
Notary Public

My commission expires Nov. 16, 1970.





**LTR**

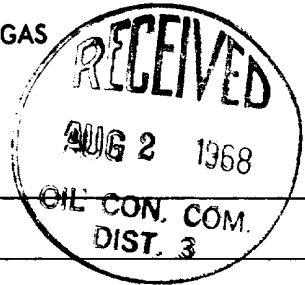


**Job separation sheet**

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS
OPERATOR	2
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



I.

Operator	Walter Duncan		
Address	1800 Security Life Bldg., Denver, Colo.		
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

## II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
N. Hogback 6	3	Slickrock Dakota E.H.	State, Federal or Fee	Ind. 14-20-0603-10008
Location				
Unit Letter L	2385	Feet From The South	Line and 330	Feet From The West
Line of Section 6	Township 29N	Range 16W	, NMPM, San Juan County	

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Inland Corporation	Box 1528, Farmington, N. M.	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.		
Unit L	Sec. 6	Twp. 29N Rge. 16W
Is gas actually connected?		When
No		

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
7/19/68	7/31/68		702'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
5002' Gr.	Dakota		690'		691'			
Perforations					Depth Casing Shoe			
					691'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
5 5/8"	7"		40'		Driven			
	4 1/2"		XXX 691'		50 sx.			

## 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.)	
7/31/68	8/1/68	Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	---	---	---
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
25	25	0	TSTM

## GAS WELL

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

## 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.

Original signed by I. A. Dugan

(Signature)

Agent

(Title)

8/1/68

(Date)

## OIL CONSERVATION COMMISSION

AUG 2 1968

APPROVED

BY Original Signed by Emery C. Arnold

TITLE SUPERVISOR DIST. #3

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.