

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS 1
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 Dugan Production Corp
Address P.O. Box 234, Farmington, New Mexico
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☒ Change in Transporter of
Recompletion ☐ Oil ☐ Dry Gas ☒
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Federal I</u>	Well No. <u>4</u>	Pool Name, including Formation <u>Undesignated P.C. & Fruitland</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>SF-078110</u>
Location Unit Letter <u>C</u> ; <u>1100</u> Feet From The <u>North</u> Line and <u>1600</u> Feet From The <u>West</u> Line of Section <u>1</u> Township <u>29 North</u> Range <u>14 West</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>None Produced</u>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>El Paso Natural Gas Co</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 990 Farmington, N.M.</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? <u>Yes</u>	When <u>10-10-69</u>

If this production is commingled with that from any other lease or pool, give commingling order number: R-3752

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>						
Date Spudded	Date Compl. Ready to Prod. <u>11-10-69</u>		Total Depth <u>1274</u>		P.B.T.D. <u>1215</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>5552 GR.</u>	Name of Producing Formation <u>P.C. & Fruitland</u>		Top Oil/Gas Pay <u>860 Fr. 1203 P.C.</u>		Tubing Depth <u>1206</u>			
Perforations <u>860-865 Fruitland 1203-1208 P.C.</u>					Depth Casing Shoe <u>1268</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>8"</u>	<u>5 1/2"</u>		<u>44'</u>		<u>10 Sks</u>			
<u>4 3/4"</u>	<u>2 7/8"</u>		<u>1268</u>		<u>75 Sks</u>			
	<u>1 1/4"</u>		<u>1206</u>					

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 - MCF

GAS WELL

Actual Prod. Test-MCF/D <u>1069 AOF</u>	Length of Test <u>3 Hrs</u>	Bbls. Condensate/MMCF <u>None</u>	Gravity of Condensate
Testing Method (pitot, back pr.) <u>One Pt. Back Pressure</u>	Tubing Pressure (shut-in) <u>367 psig</u>	Casing Pressure (shut-in) <u>262 psig</u>	Choke Size <u>5/8"</u>

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.

John L. Jarosh
(Signature)
Agent
(Title)
10-13-69
(Date)

OIL CONSERVATION COMMISSION

APPROVED 10 14, 19 69
BY Original Signed by A. R. Kendrick
TITLE PETROLEUM ENGINEER DIST. NO. 9

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.