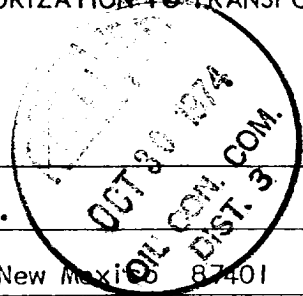


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TRANSPORTER	OIL 1 GAS
OPERATOR	2
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NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Old C-104 and C-110
 Effective 1-1-65



Handwritten initials

I. OPERATOR

Operator: Dugan Production Corp.

Address: Box 234, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box):
 New Well Change in Transporter of:
 Recompletion Re-entry Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain):

If change of ownership give name and address of previous owner: Gulf Oil Corp.

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Mary-Anne</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Bisti - Gallup</u>	Kind of Lease State, Federal or Fee <u>Fed</u>	Lease No. <u>NM 10089</u>
Location Unit Letter <u>M</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u>				
Line of Section <u>9</u> Township <u>24N</u> Range <u>9W</u> , NMPM, <u>San Juan</u> 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"/> <u>Thriftway Oil Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1367, Farmington, New Mexico 87401</u>
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 <u>M</u> Sec. <u>9</u> Twp. <u>24N</u> Rge. <u>9W</u>	Is gas actually connected? <u>No</u> When

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
				<u>X</u>			<u>X</u>	
Date Spudded	Date Compl. Ready to Prod. <u>9-30-74</u>	Total Depth		P.B.T.D. <u>5391'</u>				
Elevations (DF, RKB, RT, GR, etc.) <u>6711' - 6722' RKB</u>	Name of Producing Formation <u>Gallup</u>	Top Oil/Gas Pay <u>5302'</u>		Tubing Depth <u>5347' RKB</u>				
Perforations <u>5302-5314', 5333-5344'</u>		Depth Casing Shoe						

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12-1/4"</u>	<u>8-5/8"</u>	<u>309'</u>	<u>225 SX</u>
<u>7-7/8"</u>	<u>5-1/2"</u>	<u>2657' - 5450'</u>	<u>150 SX</u>
	<u>2-7/8"</u>	<u>4491'</u>	<u>325 cu ft</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 <u>10-5-74</u>	Date of Test <u>10-6-74</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>---</u>	Casing Pressure <u>10 psi</u>	Choke Size
Actual Prod. During Test <u>6-1/2</u>	Oil-Bbls. <u>5</u>	Water-Bbls. <u>1-1/2</u>	Gas-MCF <u>TSTM</u>

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 Thomas A. Dugan
Thomas A. Dugan (Signature)
President (Title)
10-28-74 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

Original Signature of C. Arnold
 BY SUPERVISOR DIST. #7

TITLE _____

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.