

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

B.K.

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DISTRIBUTION		
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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	
OPERATOR		1
PRORATION OFFICE		

Operator Dugan Production Corp.	
Address Box 234, Farmington, NM 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" 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

DESCRIPTION OF WELL AND LEASE

Lease Name Big Eight	Well No. 1	Pool Name, Including Formation Buster Gallup	Kind of Lease State, Federal or Fee Fed	Lease No. NM 25440
Location Unit Letter L ; 1530 Feet From The South Line and 840 Feet From The West				
Line of Section 8 Township 24N Range 9W, NMPM, San Juan County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Inland Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1528, Farmington, NM 84701	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Dugan Production Corp.	Address (Give address to which approved copy of this form is to be sent) Box 234, Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit L Sec. 8 Twp. 24N Rge. 9W	Is gas actually connected? Yes When March 8, 1978

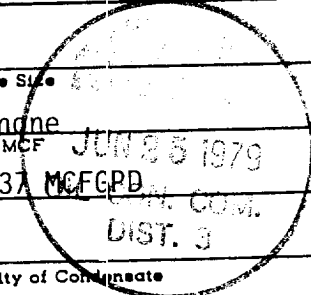
If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
								X
Date Spudded	Date Compl. Ready to Prod. 6-22-79		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Gallup		Top Oil/Gas Pay 5342'		Tubing Depth 5422'			
Perforations 5342-54, 5375-84				Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	2-3/8" tbg		5422'					

TEST DATA AND REQUEST FOR ALLOWABLE (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 6-22-79	Date of Test 6-22-79	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 60	Casing Pressure 60	Choke Size none
Actual Prod. During Test 27 BOPD	Oil-Bbls. 27 Bbls	Water-Bbls. --	Gas-MCF 37 MCF GPD

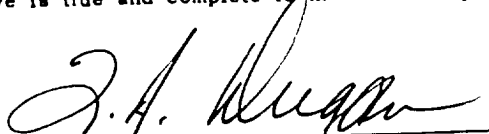


GAS WELL

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

I. 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.


Thomas A. Dugan (Signature)
Petroleum Engineer
(Title)
6-22-79

OIL CONSERVATION COMMISSION

APPROVED JUN 25 1979, 19

BY Original Signed by A. R. Kendrick

SUPERVISOR DISTRICT # 3

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.