

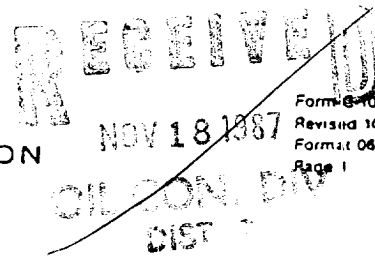
STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form 8-104  
Revised 10-01-78  
Format 06-01-83  
Page 1REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASOperator  
**DUGAN PRODUCTION CORP.**Address  
**P.O. Box 208, Farmington, NM 87499**

Reason(s) for filing (Check proper box)

- ☐ New Well
- ☐ Recompletion
- ☐ Change in Ownership
- Change in Transporter of:
- ☐ Oil
- ☐ Casinghead Gas
- ☐ Dry Gas
- ☐ Condensate

Other (Please explain)

Replaces C-104 dated 10-6-87; resubmitting to separate Fruitland &amp; Pictured Cliffs

Change of ownership give name  
Address of previous owner

## DESCRIPTION OF WELL AND LEASE

Well Name <b>Blanco Wash</b>	Well No. <b>2</b>	Pool Name, including Formation <b>Undesignated Fruitland</b>	Kind of Lease State, Federal or Fee	Lease No. <b>14-20-0603-1403</b>
Location Unit Letter <b>F</b> : <b>1820</b> Feet From The <b>North</b> Line and <b>1520</b> Feet From The <b>West</b>				
Line of Section <b>2</b> Township <b>24N</b> Range <b>9W</b> , NMPM, <b>San Juan</b> County				

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	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"/>	Address (Give address to which approved copy of this form is to be sent)	
<b>Dugan Production Corp.</b>	<b>P.O. Box 208, Farmington, NM 87499</b>	
Well produces oil or liquids, location of tanks.	Unit	Sec.
	Twp.	Rge.
Is gas actually connected?	When	
<b>Yes</b>		

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

NOTE: Complete Parts IV and V on reverse side if necessary.

## CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

**Jim L. Jacobs** (Signature)  
**Geologist** (Title)**1-16-87** (Date)

## OIL CONSERVATION DIVISION

APPROVED

NOV 18 1987

BY

Original Signed by **FRANK T. CHAVEZ**

TITLE

SUPERVISOR DISTRICT 8

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.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well XX	New Well	Workover	Deepen	Plug Back XX	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod. 9-20-87		Total Depth			P.B.T.D. 2035'			
Elevations (DF, RKB, RT, GR, etc.) 6537' GR	Name of Producing Formation Fruitland		Top Oil/Gas Pay 1642'			Tubing Depth 1671'			
Perforations 1642-48' Fruitland						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
	2-3/8"		1671'						

#### V. 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)

##### OIL WELL

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 12 MCFD, 10 BWPD	Length of Test 24 hours	Bbls. Condensate/MMCF - 0 -	Gravity of Condensate ---
Testing Method (prior, back pr.) ---	Tubing Pressure (shut-in) ---	Casing Pressure (shut-in) 80 psi	Choke Size ---

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

NOV 18 1986

OIL CON. DIV.  
DIST. 3REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator

DUGAN PRODUCTION CORP.

Address

P.O. Box 208, Farmington, NM 87499

Reason(s) for filing (Check proper box)

- ☐ New Well  
☒ Recompletion  
☐ Change in Ownership

Change in Transporter of:

- ☐ Oil ☐ Dry Gas  
☐ Casinghead Gas ☐ Condensate

Other (Please explain)

Replaces C-104 dated 10-6-87; resubmitting  
to separate Fruitland & Pictured Cliffschange of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Well Name Blanco Wash	Well No. 2	Pool Name, including Formation Undesignated Pictured Cliffs	Kind of Lease State, Federal or Fee Navajo	Lease No. 14-20-0603-1403
Location Unit Letter <u>F</u> : <u>1820</u> Feet From The <u>North</u> Line and <u>1520</u> Feet From The <u>West</u> Line of Section <u>2</u> Township <u>24N</u> Range <u>9W</u> , NMPM, <u>San Juan</u> County				

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

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	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"/>	Address (Give address to which approved copy of this form is to be sent)	
Dugan Production Corp.	P.O. Box 208, Farmington, NM 87499	
Well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
Is gas actually connected?	When	
Yes		

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

NOTE: Complete Parts IV and V on reverse side if necessary.

## CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have  
been complied with and that the information given is true and complete to the best of  
my knowledge and belief.Jim L. Jacobs (Signature)  
Geologist

(Title)

11-16-87

(Date)

## OIL CONSERVATION DIVISION

APPROVED

DEC 10 1987

BY

Original Signed by FRANK T. CHAVEZ

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 allow-  
able 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.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well XX	New Well	Workover	Deepen	Plug Back XX	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod. 9-20-87		Total Depth			P.B.T.D. 2035'			
Elevations (DF, RKB, RT, GR, etc.) 6537' GR	Name of Producing Formation Pictured Cliffs		Top Oil/Gas Pay 1642'			Tubing Depth 1671'			
Perforations 1652-56' Pictured Cliffs						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
	2-3/8"		1671'						

#### V. 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	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 12 MCFD, 10 BWPD	Length of Test 24 hours	Bbls. Condensate/MMCF - 0 -	Gravity of Condensate ---
Testing Method (prior, back pr.) ---	Tubing Pressure (Shot-in) ---	Casing Pressure (Shot-in) 80 psi	Choke Size ---