TAANSPORTER GAS

OPERATOR
PROBATION OFFICE

5 NMOCD 1 Inland

1 File

Form C-104 Revised 10-1-78

- OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 8/7501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DUGAN PRODUCTION C	ORP.				_
P O Box 208, Farmi	ngton, NM 87401				
Reason(s) for filing (Check proper box		Other (Please	e explain)		
No- well KX	Change in Transporter of: Ott Dry Go	<u>.</u> nl:			
Recompletion	Casinghead Gas Conde				•
Change in Ownership	- Carmyness and -				
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND	LEASF.			Mayrada	Lease No.
Lease Name	Well No. Pool Name, Including r		Kind of Lease	Navajo	N00-C-14-
Bumble	. 2 Undesignated	da i i up	State, redetal		20-4313
Location D 660 Unit Letter	Feet From The Lir	330	Feet From T	h• West	
27	enship 24N Range	8W , NMPM	san San	Juan	County
	TED OF OUT AND NATURAL GO	4 5			
DESIGNATION OF TRANSPOR Name of Authorized Transporter of Ott	TER OF OIL AND NATURAL GA	Address (Give address	to which approv	ed copy of this form is	obe seril
Inland	76 7	Box 1528, Far	mington, 1	M 87401	
Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give address	to which approv	ed copy of this form is i	to be sensy
	_	Is gas actually connect	ed? Whe	5	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	no	. 1		
give location of tanks.	D 27 24N 8W				
If this production is commingled wi	th that from any other lease or pool,	give comminging orde	· number		
COMPLETION DATA	Oil Well Gas Well	New Well Workover	l Deepen I	Piug Back Same Re	stv. Ditt. Rest
Designate Type of Completion	I	XX		P.B.T.D.	
Date Spudded 10-22-81	Date Compl. Ready to Prod.	Total Depth 5555'		5481'	
	Name of Producing Formation	Top Otl/Gas Pay		Tubing Depth	
Elevations (DF, RKB, RT, GR, etc., 6757' GL	Gallup	5202'		5405 R	<u>KB</u>
5202 - 5443', Gall				5548' Ri	<u>KB</u>
		D CEMENTING RECOR		SACKS CE	
HOLE SIZE	CASING & TUBING SIZE	228' RKB	<u> </u>	1 135	
12-1/4"	8-5/8" 4-1/2"	5548' RKB		1 1st stage 17	5 SX
7-7/8"	4-1/2	0010		2nd stage 550	
	2-3/8"	5405' RKB		<u> </u>	
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be	after recovery of total vol	ume of load oil	and must be equal to or	exceed top all:
OIL WELL		epth or be for full 24 hour Producing Method (Flo	w, pump, gas lif	(t, etc.)	
Date First New Oil Hun To Tanks	Date of Test 11-12-81	flowing			
Length of Test	Tubing Pressure	Casing Pressure		Choke Size	
8 hrs		250 psi		Ga - MCF	
Actual Prod. During Test	O(1-Bbls. 20	150 frac		50 est. MCFP	<u>D</u>
	2.4 hr 60	•			
GAS WELL		Bile. Condensate/MMC		Gravity of Condensati	•
Actual Prod. Test-MCF/D	Length of Test	KU/		Choke Size	
Testing Method (picot, back pr.)	CE NOV 16	Castra Pressure (Shur			
CERTIFICATE OF COMPLIAN	\ \tau_i con.	db.w.	ONSERVAT	TON DIVISION	
a burney careffy that the rules and	regulations of the Oil Conservation	AP ROVED		CHAVEZ	
Division have been complied with	and that the information given	Original Signe	d by FRANK T.	CHAVEZ	
above is true and complete to the	SUPERV	SUPERVISOR DISTRICT # 3			
	11	THE This form is to be filed in compliance with MULE 1104.			
=) / hll		H		No for a nearly dell	ini or deep
OX 11 Mulia	Thomas A. Dugan	11)		W. W. DA W [BOUTE 1731	0
// '		Il and taken on the	Mail To accou	Californ attention of the state of	
Petroleum Enginee	Il able on new and r	All sections of this form must be filled out completely for all able on new and recompleted wells.			
11-13-81	Fill out only Sections I. II. III. and VI for changes of owner wall name or number, or transporter, or other such change of condition				