

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

NO. OF COPIES REQUIRED	5
DISTRIBUTION	
SALES FEES	1
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS
OPERATOR	2
PRODUCTION OFFICE	

Operator: **Dugan Production Corp.**

Address: **Box 234, Farmington, NM 87401**

Reasons for filing (Check appropriate):  
 New Well  Change in Transporter of: Oil  Dry Gas   
 Recompletion  Cast. Heart Gas  Condensate   
 Change in Ownership

Other (Please explain): Change of ownership from Jerome P. McHugh to Dugan Production Corp., effective August 1, 1977.

If change of ownership give name and address of previous owner: **Jerome P. McHugh, 600 South Cherry, Suite 1225, Denver, CO 80222**

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Form Name, Including Formation	Kind of Lease	Lease No.
<b>Bengal B</b>	<b>1</b>	<b>Gallegos Gallup</b>	State, Federal or Fee <b>Federal</b>	<b>NM 16471</b>
Location				
Unit Letter	<b>0</b>	<b>790</b> Feet From The <b>South</b> Line and <b>1850</b> Feet From The <b>East</b>		
Line of Section	<b>2</b>	Township <b>26N</b> Range <b>12W</b> , NMPM,	<b>San Juan</b>	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"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Plateau, Inc.</b>	<b>Box 108, Farmington, NM 87401</b>
Name of Authorized Transporter of Cast. Heart 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>El Paso Natural Gas Company</b>	<b>Box 990, Farmington, NM 87401</b>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<b>Yes</b>

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.
<input checked="" type="checkbox"/>								
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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-Sols.	Water-Bbls.	Gas-MCF

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.

Thomas A. Dugan Thomas A. Dugan  
 (Signature)  
 Petroleum Engineer  
 (Title)  
 9-20-77  
 (Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 20 1977  
 Original Signed by A. R. Kendrick, 19\_\_\_\_  
 BY \_\_\_\_\_  
 TITLE DISTRICT ASST.

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.