

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASForm C-104
Supersedes Old C-104 and C-105
Effective 1-1-65

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

Water PCP
906250

30-045-22758

I. Operator Dugan Production Corp.

Address Box 234, Farmington, NM 87401

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☒ Change In Transporter of: Oil ☐ Dry Gas ☐

Recompletion ☐ Casinghead Gas ☐ Condensate ☐

Change In Ownership ☐ WAW 9th Sand PC 87190

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Monticello</u>	Well No. <u>1-Y</u>	Pool Name, Including Formation <u>WAW Fruitland PC</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM 1336</u>
Location Unit Letter <u>C</u> ; <u>1170</u> Feet From The <u>North</u> Line and <u>1450</u> Feet From The <u>West</u>				
Line of Section <u>3</u> Township <u>26N</u> Range <u>13W</u> , NMPM, <u>San Juan</u> County				

III. 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)	
<u>Dugan Production Corp.</u>	<u>P.O. Box 234, Farmington, NM 87401</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>1170</u>	Sec. <u>26N</u>
	Twp. <u>13W</u>	Rge. <u>San Juan</u>
	Is gas actually connected? <u>yes</u> When <u>3-30-79</u>	

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"/>	<input checked="" type="checkbox"/>					
Date Spudded <u>9-7-77</u>	Date Compl. Ready to Prod. <u>9-29-77</u>	Total Depth <u>1460'</u>		P.B.T.D. <u>1405'</u>				
Elevations (DF, RKB, RT, GR, etc.) <u>6201' GR</u>	Name of Producing Formation <u>Fruitland PC</u>	Top Oil/Gas Pay <u>1359'</u>		Tubing Depth <u>1363'</u>				
Perforations <u>1359-1371 12 holes</u>				Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
<u>7-7/8"</u>	<u>5-1/2"</u>	<u>45'</u>		<u>5 SX</u>				
<u>4-3/4"</u>	<u>2-7/8"</u>	<u>1447'</u>		<u>125 SX</u>				
	<u>1-1/4"</u>	<u>1363'</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	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 <u>195 AOF</u>	Length of Test <u>3 hrs</u>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) <u>One Point Back Press.</u>	Tubing Pressure (shut-in) <u>225 SI</u>	Casing Pressure (shut-in) <u>225 SI</u>	Choke Size <u>5/8"</u>

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
President
(Title)

3-30-79
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 2 1979, 19____BY Original Signed by A. R. KendrickTITLE SUPERVISOR DIST. #3

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 multiple completed wells.