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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

I. Operator
Dugan Production Corp.
Address
Box 234, Farmington, NM 87401
Reason(s) for filing (Check proper box)
~~XXXXXX~~ ☒ Plug Back Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Change of ownership from Walter Knauff to Dugan Production Corp.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name Knauff Well No. 1 Pool Name, including Formation ~~Wildcat~~ - Fruitland Kind of Lease State, Federal or Fee Federal Lease No. NM 0764
Location
Unit Letter C ; 1015 Feet From The North Line and 1650 Feet From The West
Line of Section 31 Township 28N Range 10W , NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent)
Southern Union Gas Company Box 388, Bloomfield, NM 87413
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Pge. Is gas actually connected? When

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.
Date Spudded Date Compl. Ready to Prod. 4-20-76 Total Depth P.B.T.D. 1560'
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Fruitland Top Oil/Gas Pay 1515' Tubing Depth 1544'
Perforations 1515-1521' Fruitland Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
1-1/4" 1544'

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 Length of Test 3 hrs Bbls. Condensate/MMCF Gravity of Condensate
328 AOF
Testing Method (pilot, back pr.) Tubing Pressure (shut-in) Casing Pressure (shut-in) Choke Size
One point back pressure 550 --- 3/4"

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
Engineer
5-17-76
(Date)

OIL CONSERVATION COMMISSION
APPROVED MAY 18 1976
BY Original Signed by A. R. Kendrick
TITLE 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 multiply completed wells.