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TRANSPORTER	OIL 1 GAS
OPERATOR	2
PRORATION OFFICE	

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. PRORATION OFFICE

Operator Thomas A. Dugan

Address Box 234 Farmington, New Mexico

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

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

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Navajo 4te Well No. 1 Pool Name, including Formation Many Rocks Kind of Lease Ind.
 State, Federal or Fee

Location
 Unit Letter E 2090 Feet From The North Line and 698' Feet From The West
 Line of Section 26 Township 32N Range 17W , NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
Inland Corp. Address (Give address to which approved copy of this form is to be sent)
Box 1528, FARMINGTON, N.M.

Name of Authorized Transporter of Casinghead Gas or Dry Gas
None Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks. Unit E Sec. 26 Twp. 32N Rge. 17W Is gas actually connected? No 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.
	<input checked="" type="checkbox"/>							
Date Spudded <u>9-18-64</u>	Date Compl. Ready to Prod. <u>2-18-66</u>	Total Depth <u>1955</u>	P.B.T.D. <u>1827</u>					
Pool <u>Many Rocks</u>	Name of Producing Formation <u>Gallup</u>	Top Oil/Gas Pay <u>1793</u>	Tubing Depth <u>1807</u>					
Perforations		Depth Casing Shoe						

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>10"</u>	<u>8 5/8" - 24</u>	<u>40'</u>	<u>10</u>
<u>6 1/4</u>	<u>4 1/2" - 9.5</u>	<u>1850'</u>	<u>50</u>

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 8-1-66 Date of Test 8-1-66 Producing Method (Flow, pump, gas lift, etc.) Pumping

Length of Test 24 hrs Tubing Pressure - Casing Pressure - Choke Size -

Actual Prod. During Test Oil-Bbls. 5.2 Water-Bbls. 0 Gas-MCF -

GAS WELL

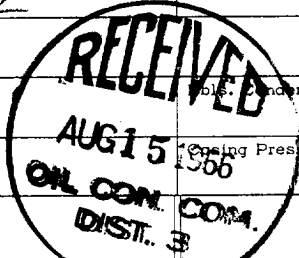
Actual Prod. Test-MCF/D _____ Length of Test _____ Gals. Condensate/MMCF _____ Gravity of Condensate _____

Testing Method (pitot, back pr.) _____ Tubing Pressure _____ Casing Pressure _____ 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.

T.A. Dugan
 (Signature)
Engineer
 (Title)
8-10-66
 (Date)



OIL CONSERVATION COMMISSION
 AUG 15 1966

APPROVED _____, 19____
 BY Original Signed by A. R. Kendrick
 TITLE PETROLEUM ENGINEER DIST. NO. 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 Sections I, II, III, and VI only 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.