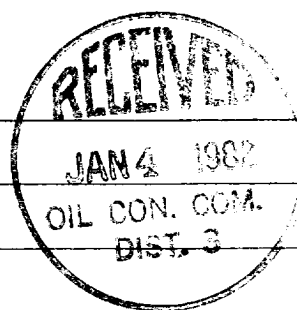


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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASForm C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I.

Operator DUGAN PRODUCTION CORP.		
Address P O Box 208, Farmington, NM 87401		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Enniskillen	Well No. 1	Pool Name, Including Formation Wildcat Gallup	Kind of Lease State, Federal or Fee Fed.	Lease No. NM 28736
Location Unit Letter G ; 1650 Feet From The North Line and 1650 Feet From The East Line of Section 9 Township 23N Range 6W , NMPM, Rio Arriba 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"/> Inland Corp.	Address (Give address to which approved copy of this form is to be sent) P O Box 1528, Farmington, NM 87401	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P O Box 990, Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 9
	Twp. 23N	Rge. 6W
	Is gas actually connected? No	

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 10-28-81	Date Compl. Ready to Prod. 12-12-81		Total Depth 5619'		P.B.T.D. 5586'			
Elevations (DF, RKB, RT, GR, etc.) 6743' GL	Name of Producing Formation Gallup		Top Oil/Gas Pay 5252		Tubing Depth 5447' RKB			
Perforations 5252 - 5510', 37 holes					Depth Casing Shoe 5617' RKB			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		211' RKB		285 sx class B + 2% CaO			
7-7/8"	4-1/2"		5617' RKB		243.5 cf 1st stage			
	2-3/8"		5447' RKB		1303 cf 2nd stage			

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)

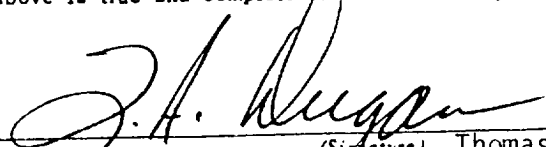
Date First New Oil Run To Tanks 12-28-81	Date of Test 12-29-81	Producing Method (Flow, pump, gas lift, etc.) swabbing	
Length of Test 24hrs (swab)	Tubing Pressure 0	Casing Pressure 500 psi	Choke Size ---
Actual Prod. During Test	Oil-Bbls. 109	Water-Bbls. 35 (frac water)	Gas-MCF 60 MFCGPD est.

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.


(Signature) Thomas A. Dugan
Petroleum Engineer
(Title)
12-30-81
(Date)

OIL CONSERVATION COMMISSION

APPROVED  , 19____
Original Signed by FRANK T. CHAVEZ
BY _____
SUPERVISOR DISTRICT #____
TITLE _____

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.