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TRANSPORTER	OIL	
	GAS	
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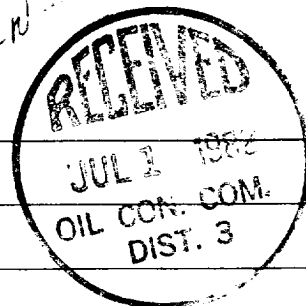
NEW MEXICO OIL CONSERVATION COMMISSION

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

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 Slickhorn Gulch	Well No. 2	Pool Name, Including Formation Escrito Gallup Ext.	Kind of Lease State, Federal or Fee Fed	Lease No. NM 25427
Location Unit Letter M ; 990 Feet From The South Line and 790 Feet From The West Line of Section 8 Township 24 North Range 7 West , 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. <i>Giant</i>	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 type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 Sec. Twp. Rge. Is gas actually connected? When
M 8 24N 7W	No

If this production is commingled with that from any other lease or pool, give commingling order number: _____

V. 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 4-20-82	Date Compl. Ready to Prod. 6-30-82	Total Depth 7320'	P.B.T.D. 6950'
Elevations (DF, RKB, RT, GR, etc.) 7272' GL; 7284' RKB	Name of Producing Formation Gallup	Top Oil/Gas Pay 5998'	Tubing Depth 6350' RKB
Perforations 5998-6380	Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	9-5/8"	208' RKB	136 cu.ft. to surf.
7-7/8"	4-1/2"	7320' RKB	2262 cu.ft. in 3 stages
			to surface
	1-1/2 "	6350' RKB	

VI. 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 6-30-82	Date of Test 6-30-82	Producing Method (Flow, pump, gas lift, etc.) swabbing	
Length of Test 24 hrs	Tubing Pressure Zero	Casing Pressure 80 psi	Choke Size NA
Actual Prod. During Test	Oil-Bbls. 28.8 BPOD	Water-Bbls. Zero - formation water	Gas-MCF TSTM

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)
6-30-82 (Date)

2-13-82 OIL CONSERVATION COMMISSION
JUL 13 1982
APPROVED _____, 19_____
BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT # 3
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.