	4-NMUUU 1-Northwes (Jim Pr	t Pipeline   1-File entice)			/		
	DISTRIBUTION  SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE		Form C-104 Supersedes Old C-104 and C-110			
ļ	FILE /		AND		Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRAN	NSPORT OIL AND NATURAL	GA\$	OK		
	LAND OFFICE OIL				2.10		
	TRANSPORTER GAS				1/		
	OPERATOR /						
1.	PROHATION OFFICE						
Operator							
	Dugan Production Corp.						
Box 234, Farmington, NM 87401  Reason(s) for filing (Check proper box)  Other (Please explain)							
	New Well	Change in Transporter of:	Other (Freade Explain)				
	Recompletion	OII Dry Gas					
	Change in Ownership	Casinghead Gas Condens	sate 🗍		·		
	If the second of amountain give name						
If change of ownership give name and address of previous owner							
II.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	rmation   Kind of Lea	se	Lease No.		
	Sixteen G's	l Bisti Gal		ral or Fee	Federal NM 25433		
	Location						
	Unit Letter E ; 185	O Feet From The North Line	and 990 Feet From	The	West		
	Unit Letter	, cet t tom the					
	Line of Section 7 Tow	nship 24N Range	9W , NMPM,		San Juan County		
			_				
II.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GAS  or Condensate	Address (Give address to which app	oved copy	of this form is to be sent)		
	Name of Administration Franchistration		Box 1367, Farmington, NM 87401				
	Thriftway Company Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address to which app	oved copy	of this form is to be sent)		
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected?	hen			
	give location of tanks.						
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:				
V.	COMPLETION DATA			Plug B	ack   Same Resty. Diff. Resty.		
	Designate Type of Completio	(V)	l i	l Ping B	der Same Nes V. Dill. Hes V.		
		Date Compl. Ready to Prod.	X ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !	P.B.T.	.D.		
	Date Spudded 2-16-76	8-7-76	6500'		6435'		
		Name of Producing Formation	Top Oil/Gas Pay	Tubing	Depth		
	6859 GR - 6870 RKB	Gallup	5422'		5516'		
	Perforations			Depth	Casing Shoe		
	5523-5528', 545	8-5465 <sup>1</sup> , 5438-5442 <sup>1</sup> , 5	422-5434*	L			
			CEMENTING RECORD		CACVECEMENT		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		135 sx		
	12-1/4"	8-5/8" 4-1/2"	198 <b>'</b> 6480 <b>'</b>	542			
	6-1/4"	2-3/8"	5516 <b>'</b>	1350			
			1				
87	TEST DATA AND DECLIEST FO	OR ALLOWABLE (Test must be at	fter recovery of total volume of load o	il and must	be equal to or exceed top allow-		
٧.	OIL WELL	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 all able for this depth or be for full 24 hours)					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas				
	8-6-76	8-7-76		mping Choke	SIZA		
	Length of Test	Tubing Pressure	Casing Pressure 25	Cilore			
	8 hrs	Oil-Bbls.	Water - Bbls.	Gea-N	ACF		
	Actual Prod. During Test 22 bbls	66	48	1 6	102		
	ZZ DDIS						
	GAS WELL				C		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF		y of Condensate		
			AUG AUG	3 (2)	St		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cdsing Pressure (Shuc-ha)	Choke	Size		
		<u> </u>	OIL CONSER	DE	COMMISSION		
VI.	CERTIFICATE OF COMPLIAN	CE			COMMISSION		
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.  Thomas A. Dugan		APPROVED SEP 2 9 1976 , 19				
			BY Criginal Signed by A. R. Kendrick				
			BY CY-27				
			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 allow-				
	(Sign						
	Engineer						
		(Title)			able on new and recompleted wells.		
	8-10-76		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.				
	(De	ate)	Separate Forms C-104 m	ust be fil	led for each pool in multiply		
	§		completed wells.				