

NO. OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		1
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

B.R.

Operator Dugan Production Corp.	
Address Box 234, Farmington, NM 87401	
Reason(s) for filing (Check proper box)	
New Well <input 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"/>
Other (Please explain)	

If change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

Lease Name Big Eight	Well No. 1	Pool Name, Including Formation Greenhorn	Kind of Lease State, Federal or Fee Fed	Lease No. NM 25440
Location				
Unit Letter L ; 1530 Feet From The South Line and 840 Feet From The West				
Line of Section 8 Township 24 North Range 9 West , NMPM, San Juan County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Inland Corporation	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)			
Dugan Production Corp.	Box 234, Farmington, NM 87401			
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 8	Twp. 24N	Rge. 9W
Is gas actually connected?	When			
Yes	March 8, 1973			

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input 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 1-19-76	Date Compl. Ready to Prod. 5-14-76		Total Depth 6392'		P.B.T.D. 6375'			
Elevations (DF, RKB, RT, GR, etc.) 6771'	Name of Producing Formation Greenhorn		Top Oil/Gas Pay 6125'		Tubing Depth 6365'			
Perforations 6125-40' 6154-66'					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4	8-5/8	199'	115
7-7/8	4-1/2	6392'	1st stage 465 cu ft
			2nd stage 1328 cu ft
	2-3/8	6365'	

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)

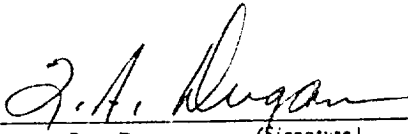
Date First New Oil Run To Tanks	Date of Test 4-26-76	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 2 hrs	Tubing Pressure 0	Casing Pressure 750 SI	Choke Size
Actual Prod. During Test	Oil-Bbls. 2	Water-Bbls. 0	Gas-MCF 50 MCF

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

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 (Signature)  
Petroleum Engineer (Title)  
4-7-78 (Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_\_  
BY Original Signed by A. R. Kendrick  
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.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.