	- 11:000 L 11:000 (Val	. dones) 1-Northwest P	rheriue (brentice) 1.	-File /					
	NO. OF COPIES NECEIVED	1		/					
	DISTRIBUTION SANTA FE /		CONSERVATION COMMISSION	Form C-104					
	FILE /	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65					
	U.S.G.S.	ALITHORIZATION TO TO	AND ANSPORT OIL AND NATURAL O						
	LAND OFFICE	A THORIZATION TO TRA	AND ORT OIL AND NATURAL G	5A3					
	TRANSPORTER OIL	4							
	GAS /	4							
I.	PRORATION OFFICE	-							
<b>I</b> .	Operator								
	Dugan Production Corp.								
	Box 234, Farmington, NM 87401								
	Reason(s) for filing (Check proper box)  Other (Please explain)								
	New We!! X Change in Transporter of:								
	Recompletion	Oil Dry Go	ıs 🔲						
	Change in Ownership	Casinghead Gas Conder	nsate						
	If change of ownership give name								
	and address of previous owner								
1.	DESCRIPTION OF WELL AND Lease Name	LEASE Well No. Pool Name, Including Fo	formation Kind of Lease						
	Mesa	1 Undesignated	· · · · · · · · · · · · · · · · · · ·	Lease .vo.					
	Location			State Id 1317					
	Unit Letter ${f G}$ ; ${f 16}$	60 Feet From The North Lin	ne and1680 Feet From T	<sub>the</sub> East					
	16	Shar							
	Line of Section 10 To	wnship 24N Range	8W , NMPM,	San Juan <sub>County</sub>					
I.		TER OF OIL AND NATURAL GA							
	Name of Authorized Transporter of Oil		Address (Give address to which approv	ed copy of this form is to be sent)					
	Name of Authorized Transporter of Car	singhead Gas or Dry Gas 🏋	Address (Give address to which approv	and copy of this form is to be seen					
	Northwest Pipelin	- Tak	Box 90, Farmington.						
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe						
	give location of tanks.	<u> </u>	1						
	If this production is commingled will COMPLETION DATA	th that from any other lease or pool,	give commingling order number:						
' · 		Oll Well Gas Well	New Well Workover Deepen	Plug Back   Same Restv. Diff. Restv.					
	Designate Type of Completic	, X	X						
	Date Spudded	Date Compl. Ready to Prod. 8-3-76	Total Depth	P.B.T.D.					
	6-16-76 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	2192' Top Oil/Gas Pay	2122 * Tubing Depth					
	6821' GR	Pictured Cliffs	1952'	1977'					
	Perforations			Depth Casing Shoe					
	1952-1974'	TUDING GASING AND							
}	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
ľ	8-3/4"	7"	32'	10					
	4-3/4"	2-7/8"	2168'	120					
-		1-1/4"	1977'						
. l '.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be at	I fter recovery of total valume of load oil a	and must be equal to or exceed top allow-					
	OIL WELL								
	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift	, etc.)					
}	Length of Test	Tubing Pressure	Casing Pressure	Choke Size					
				· · ·					
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF					
Į		L							
	GAS WELL								
ſ	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Garvity Condensate ON.					
-	377 AOF Testing Method (pitot, back pr.)	3 hrs Tubing Pressure(shut-in)	Cooley Drawns (Short-In)	Choke See 911					
	One point back pressu	1	Casing Pressure (Shut-in) 560	Chor					
ـ ا. ا	CERTIFICATE OF COMPLIANCE		\	TION COMMISSION					
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.			APPROVED AUG 12 19/5 . 19 Original Signed by A. R. Kendrick						
						1 1		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 despended to the supervisor of t	
						$\gamma / l$			
_	J. H. Dugan	Thomas A. Dugan							
Engineer (Signature) (Title) 8-10-76			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,						
					-	(Da	(e)	well name or number, or transporte	n or other such change of condition. be filed for each pool in multiply
							ı.	Separate Forms C-104 must completed wells.	be med for each poor in muniply