

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

| | | |
|--|--|--|
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | | 5. LEASE DESIGNATION AND SERIAL NO. 14-20-0603-1405 |
| 2. NAME OF OPERATOR Dugan Production Corp. | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 3. ADDRESS OF OPERATOR P. O. Box 234, Farmington, NM 87401 | | 7. UNIT AGREEMENT NAME |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 790' FNL - 790' FEL | | 8. FARM OR LEASE NAME Blanco Wash |
| 14. PERMIT NO. | | 9. WELL NO. #4 |
| 15. ELEVATIONS (Show whether DF, RT, CR, etc.) 6558' GR | | 10. FIELD AND POOL, OR WILDCAT Undesignated Mancos Dakota |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 2 T24N R9W |
| | | 12. COUNTY OR PARISH San Juan |
| | | 13. STATE NM |

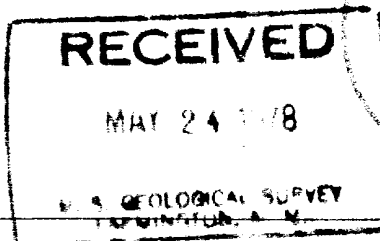
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF | |
|--|---|--|--|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) re-run tbg <input type="checkbox"/> | |
| (Other) <input type="checkbox"/> | | | |

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

4-20-78 Moved in and rigged up Bedford Inc. pulling unit. Pulled tbg and recovered swab bar and mandrel from jt #121. Re ran tbg w/ full jt for mud anchor w/perforated jt and seating nipple. TE 6102.92 set @ 6112' RKB. Landed donut and rigged down pulling unit. Shut Well In.



18. I hereby certify that the foregoing is true and correct

SIGNED

Jim L. Jacobs

TITLE

Geologist

DATE

4-28-78

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

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

B.K.

| | |
|------------------------|-------|
| NO. OF COPIES RECEIVED | 4 |
| DISTRIBUTION | |
| SANTA FE | 1 |
| FILE | 1 |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL 1 |
| | GAS |
| OPERATOR | 1 |
| PRORATION OFFICE | |

| | |
|--|---|
| Operator Dugan Production Corp. | |
| Address Box 234, 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 Blanco Wash | Well No. 4 | Pool Name, Including Formation Undesig. Mancos Dakota | Kind of Lease Indian | Lease No. 14-20-0603-1405 |
| Location Unit Letter <u>A</u> ; <u>790</u> Feet From The <u>North</u> Line and <u>790</u> Feet From The <u>East</u> | | | | |
| Line of Section <u>2</u> Township <u>24N</u> Range <u>9W</u> , NMPM, <u>San Juan</u> 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) 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 A | Sec. 2 | Twp. 24N | Rge. 9W | Is gas actually connected? No | When |

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 | New Well <input checked="" type="checkbox"/> | Workover | Deepen | Plug Back | Same Res ^{ty} . | Diff. Res ^{ty} . |
| Date Spudded 3-8-78 | Date Compl. Ready to Prod. 4-20-78 | Total Depth 6415' | | P.B.T.D. 6270' | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 6558' GR 6570' RKB | Name of Producing Formation Undes. Mancos Dakota | Top Oil/Gas Pay 5180 | | Tubing Depth 6112' | | | | |
| Perforations All perfs 1 per ft. Greenhorn 6144-54, 6123-34 6104-6116 5340-50, 5286-96, 5208-18 | | Gallup 5848-58, 5434-44, 5368-78, | | Depth Casing Shoe | | | | |
| TUBING, CASING, AND CEMENTING RECORD 5180-90 | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12-1/4" | 8-5/8" | | 220' | | 140 sx | | | |
| 7-7/8" | 4-1/2" | | 6415' | | 1711 cu ft. | | | |
| | 2-3/8" | | 6112' | | | | | |

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 5-23-78 | Date of Test 5-10-78 | Producing Method (Flow, pump, gas lift, etc.) Flowing | |
| Length of Test 24 hrs | Tubing Pressure 25 | Casing Pressure 150 | Choke Size |
| Actual Prod. During Test | Oil-Bbls. 54 | Water-Bbls. 0 | Gas-MCF 27 |

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.

Jim L. Jacobs
Jim L. Jacobs (Signature)
Geologist (Title)
5-23-78 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____
BY _____ Original signed by _____
TITLE _____ SUPERVISOR

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-
able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own-
er, well name or number, or transporter, or other such change of condi-
tion.
Separate Forms C-104 must be filed for each pool in multiple
completed wells.