

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASForm C-104  
Revised 10-01-78  
Format 06-01-83

Page 1

**RECEIVED**  
AUG 17 1987  
OIL CON. DIV.  
DIST. 3

**I. Operator**  
DUGAN PRODUCTION CORP.

**Address**  
P.O. Box 208, Farmington, NM 87499

**Reason(s) for filing (Check proper box)**

<input type="checkbox"/> New Well	<b>Change in Transporter of:</b>	
<input checked="" type="checkbox"/> 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

**Other (Please explain)**

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

**II. DESCRIPTION OF WELL AND LEASE**

<b>Lease Name</b> Sears Roebuck	<b>Well No.</b> 2	<b>Pool Name, including Formation</b> Undes. FR <del>10</del>	<b>Kind of Lease</b> State, Federal or Fee Navajo	<b>Lease No.</b> 14-20-060 1409
<b>Location</b>				
Unit Letter <u>H</u> <u>1650</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u>				
Line of Section <u>5</u> Township <u>24N</u> Range <u>10W</u> , NMPM, <u>San Juan</u> County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

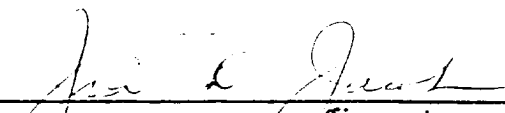
<b>Name of Authorized Transporter of Oil</b> <input type="checkbox"/> or <b>Condensate</b> <input type="checkbox"/>	<b>Address (Give address to which approved copy of this form is to be sent)</b>
<b>Name of Authorized Transporter of Casinghead Gas</b> <input type="checkbox"/> or <b>Dry Gas</b> <input checked="" type="checkbox"/>	<b>Address (Give address to which approved copy of this form is to be sent)</b>
<b>EI Paso Natural Gas Company</b>	<b>P O Box 4990, Farmington, NM 87499</b>
<b>If well produces oil or liquids, give location of tanks.</b>	<b>Is gas actually connected?</b> <b>When</b>
	<b>Yes</b>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

**VI. CERTIFICATE OF COMPLIANCE**

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

  
Jim L. Jacobs (Signature)

Geologist (Title)

8-14-87 (Date)

## OIL CONSERVATION DIVISION

AUG 17 1987

APPROVED \_\_\_\_\_  
Original Signed by FRANK T. CHAVEZBY \_\_\_\_\_  
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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

# V. COMPLETION DATA

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			XX				XX		
Date Spudded		Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
		8-11-87		1995'					
Levellings (DF, RKB, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
6895' GR		Fruitland		1642'			1656'		
Correlations							Depth Casing Shoe		
1642' - 1658' - Fruitland									

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	1 11/16"	1656'	

## 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 allowable for this depth or be for full 24 hours)

First New Oil 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

## AS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
88 MCFD	3 hrs	---	---
Testing Method (plug, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
pitot	350	---	---