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5 - NMOCD 1 - EPNG 1 - Inland 1 - File 1 - Auvenshine NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

FILE	-{	AND	\land
U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL	GAS / C.
LAND OFFICE	-		V
TRANSPORTER GAS			
OPERATOR			
PRORATION OFFICE			
Operator			
Dugan Production Cor	0		
Address	NM 07403		
P O Box 208, Farming		Other (Please explain)	
Reason(s) for filing (Check proper bo	Change in Transporter of:	Gind, (1 see see see see see see see see see se	
	Oil Dry Gas		
Recompletion	Casinghead Gas Condens	一	
Change in Ownership	Capinginate Cas		
If change of ownership give name			
and address of previous owner			
DESCRIPTION OF WELL AND	LEASE	lyled of Loo	se Lease No.
Lease Name	Well No. Pool Name, Including For	i ca-a- Endag	
Merry May	#1 Gallup - und	designated State, Feder	Fed NM 25842
Location	0 11	7001	r t
Unit Letter;	850' Feet From The South Line	and 790 Feet From	The East
24	24N - 1	OW , NMPM, San	Juan County
Line of Section 24 T	ownship 24N Range]	IUW , MAIE M., SQII	Odall
THE PROPERTY OF THE ANCHOL	RTER OF OIL AND NATURAL GAS	\$	
Name of Authorized Transporter of C	or Condensate	Address (Give address to which appr	oved copy of this form is to be sent)
	_	Box 1528, Farmington	NM 87401
Inland Corp. Box 1528 Farmington NM 8/401 Name of Authorized Transporter of Casinghead Gas or Dry Gas XX Address (Give address to which approved copy of this form is to b		oved copy of this form is to be sent)	
Name of Manager		Box 990, Farmington,	NM 87401
Unit Sec. Twp. P.ge. Is gas actually connected			hen
If well produces oil or liquids, give location of tanks.	I 24 24N 10W	No	
*f at in an education is committed to	with that from any other lease or pool,	give commingling order number:	·
COMPLETION DATA			Plug Back Same Res'v. Diff. Res'v
	Oil Well Gas Well	1	Flag Basz
Designate Type of Complete		XX Total Depth	P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	6210'	6191'
9-19-80	12-6-80 Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.	Gallup	5024' (Gallup)	5242 '
6093' RKB	darrup	3024 (da11up)	Depth Casing Shoe
Perforations 5024-5232 and 6169-6	175		6210' RKB
3024-3232 and 0103 0	TUBING CASING AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	244' RKB	150_sx
	4-1/2"	6210' RKB	557 cu.ft.lst stage
7-7/8"	2-3/8"	2542' RKB	1203 du.ft. 2nd stage
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load o	il and must be equal to or exceed top allo
OIL WELL		pth or be for full 24 hours) Producing Method (Flow, pump, gas	lift, etc.)
Date First New Oil Run To Tanks	Date of Test	producing Method (1 102) pamp;	/ OTI FIVEN
12-13-80	Tubing Pressure	Casing Pressure	Chok Sire
Length of Test	Laping Steamen		NAME AND ASSESSED OF THE PARTY
	Oil-Bbla.	Water - Bbls.	gas-MERIC 4 1981
Actual Prod. During Test	19,4 228		OIL CON COM
			DIST. 3
CAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Sondana
700	i	-22 8 Casing Pressure (Shut-in)	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
-pitot	T 740	1740	3/4"
CERTIFICATE OF COMPLIA		OIL CONSER	VATION COMMISSION
. CERTIFICATE OF COMPER			4 1981, 19
I hereby certify that the rules and regulations of the Oil Conservation		APPROVED 41981, 19	
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			
above is true and complete to	the best of my knowledge and belief.	SUPERVISOR DIS	TRICT 雅 3
/		TITLE	
$\sim 1 \text{ (I)}$	a)	This form is to be filed	in compliance with RULE 1104.
	adu	1	tamenta for a newly drilled or deepen
-/ X '1' 'S	igná we) Jim L. Jacobs	well, this form must be accome tests taken on the well in ac	
	ologist	Att meetions of this form	must be filled out completely for allo
	(Tyrle)	li shie on new and recompleted	Merre.
(INTE)		able on new and recompletes I II III, and VI for changes of owner	

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.