

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
ANDForm C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

## AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator  
Dugan Production Corp.Address  
P O Box 208, 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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name  
and address of previous owner

## I. DESCRIPTION OF WELL AND LEASE

Lessee Name MF	Well No. #1	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Private	Lease No. NM 16760
Location Unit Letter L ; 1820 Feet From The South Line and 690 Feet From The West				
Line of Section 18 Township 24N Range 9W , NMPM, San Juan County				

## II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Basin, Inc.	Address (Give address to which approved copy of this form is to be sent) P O Box 2297, Midland, TX 79702	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P O Box 990, Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 18
	Twp. 24N	Rge. 9W
	Is gas actually connected? No	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
		XX	XX					
Date Spudded 1-16-81	Date Compl. Ready to Prod. 2-5-81		Total Depth 6500'		P.B.T.D. 6450'			
Elevations (DF, RKB, RT, GR, etc., 6992' KB	Name of Producing Formation Dakota		Top Oil/Gas Pay 6418'		Tubing Depth 6441'			
Perforations 6416-6438'					Depth Casing Shoe 6491'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		194' RKB		135 SX			
7-7/8"	4-1/2"		6491' RKB		565 cu ft. slurry 1st st			
	2-3/8"		6441'		1203 cu ft. slurry 2nd st			

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	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

## GAS WELL

Actual Prod. Test-MCF/D 138	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) one point back pr.	Tubing Pressure (shut-in) 1833 psi	Casing Pressure (shut-in)	Choke Size 1/2" pos.

## 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.

(Signature) Jim L. Jacobs  
Geologist

(Title)

4-13-81

(Date)

OIL CONSERVATION COMMISSION

APR 27 1981

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT # 9

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.