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	GAS
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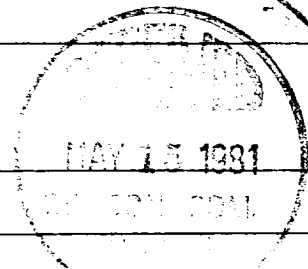
NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

B.K.

Operator Dugan Production Corp.	
Address P O Box 208, 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 Elwood P. Dowd	Well No. 2	Pool Name, Including Formation Whitewash Mancos Dakota	Kind of Lease State, Federal or Fee Fed.	Lease No. NM 9520
Location Unit Letter <u>P</u> ; <u>910'</u> Feet From The <u>South</u> Line and <u>790'</u> Feet From The <u>East</u> Line of Section <u>10</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"/> 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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural	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 <u>P</u>	Sec. <u>10</u>
	Twp. <u>24N</u>	Rge. <u>9W</u>
	Is gas actually connected? <u>No</u> When <u>est. 6 months</u>	

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Restv. <input type="checkbox"/>	Diff. Restv. <input type="checkbox"/>
Date Spudded 3-16-81	Date Compl. Ready to Prod. 5-5-81		Total Depth 6505' RKB		P.B.T.D. 6390' RKB			
Elevations (DF, RKB, RT, CR, etc.) 6714' GR	Name of Producing Formation Gallup Dakota		Top Oil/Gas Pay 5218'		Tubing Depth 5420'			
Perforations 6444-6454, 6356-6364, 5340-36, 5268-64, 5238-18					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		205' RKB		135 sx class B			
7-7/8"	4-1/2"		6505' RKB		400 sx class B 1st stg			
	2-7/8"		5420' RKB		400 sx 65-35 & 100 sx CB			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks 5-6-81	Date of Test 5-8-81	Producing Method (Flow, pump, gas lift, etc.) Swabbing	
Length of Test 2 hrs.	Tubing Pressure 0	Casing Pressure 500	Choke Size ---
Actual Prod. During Test 4 bbls. oil	Oil-Bbls. 48 bbls./day	Water-Bbls. 12 bbls frac water/day	Gas-MCF TSTM

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.

Thomas A. Dugan
Engineer

5-14-81

(Date)

OIL CONSERVATION COMMISSION

APPROVED

MAY 15 1981

BY

Original Signed by FRANK T. CHAVEZ

TITLE

SUPERVISOR DISTRICT # 3

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.