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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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 1-1-83

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 checked="" 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)

Change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lessee Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Elwood P. Dowd	2	Whitewash Mancos Dakota	State, Federal or Fee Fed.	NM 9520

Location

Unit Letter **P** : **910'** Feet From The **South** Line and **790'** Feet From The **East**

Line of Section **10** Township **24N** Range **9W** , NMPM, **San Juan** County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Inland Corp.	P O Box 1528, Farmington, NM 87401
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural	P O Box 990, Farmington, NM 87401

If well produces oil or liquids, give location of tanks.

Unit	Sec.	Twp.	Range	Is gas actually connected?	When
P	10	24N	9W	No	est. 6 months

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

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		XX					

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, GR, 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
	2-3/8"	5420' RKB	400 sx 65-35 & 100 sx C

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)

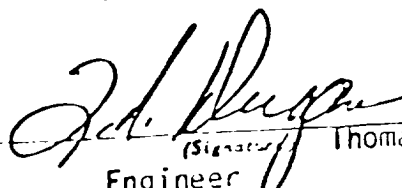
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	Choke Size
5-6-81	5-8-81	Swabbing	--JUN 1 1981
Length of Test	Tubing Pressure	Casing Pressure	Gas-MCF
2 hrs.	0	500	OIL CON. COM.
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	ESTM DIST. 3
4 bbls. oil	48 bbls./day	12 bbls frac water/day	

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-in)	Choke Size

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
(Title)
5-28-81

OIL CONSERVATION COMMISSION
JUN 1 - 1980

APPROVED _____, 19____

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.

Form C-104 must be filed for each pool in multiple.