
(Date)

Secrete Forms C-104 must be filed for each pool in multip

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

	P, Q, BO	C 2088					
SANTA FE	SANTA FE, NEW MEXICO 87501						
PILE							
U.S.U.S.	REQUEST FOR	ALLOWARI F					
LAND OFFICE	REQUEST FOR	_					
TRANSPORTER GAS	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
PROBATION OFFICE	AUTHORIZATION TO TRICKS			<u></u>			
Operator							
Dugan Produc	ction Corp.						
Address D. O. Roy. 208	, Farmington, NM 87401						
		Other (Please	explain)				
Reason(s) for filing (Check proper bo	Change in Transporter of:		•				
New Well XX	Cil Dry Gas	. 🔲			•		
Recompletion	Casinghead Gas Conden	sate 🔲 🔝					
Change in Ownership							
If change of ownership give name	•						
and address of previous owner							
DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	ormation	Kind of Lease		Lease No.		
Lease Name			State, Federal o	Fed_	NM 16760		
MF	2 Basin Dakota	<u>u</u>					
Location	- Couth to	• and 790 '	Feet From The	• <u>East</u>			
Unit Letter P:	790 Feet From The South Line		_		_		
Line of Section 13 T	ownship 24N Range	10W , NMPM	, San Juar	1	County		
Line of Section 13 T				•			
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	S Address (Give address	to which approve	d copy of this form	is to be sent)		
Name of Authorized Transporter of C	or Condensate XX	1					
Inland	- TTP	P O Box 1528	to which approve	d copy of this form	is to be sent)		
Name of Authorized Transporter of C	Name of Authorized Transporter of Casinghead Gas or Dry Gas XX			Address (Give address to which approved copy of this form is to be sent) P 0 Box 208, Farmington, NM 87401			
Dugan Production Corp		Is gas actually connect	ed? When	1, 141 07 10			
If well produces oil or liquids,	Ont 1000	1	6-22	-81			
laive location of tanks.		·	r number:				
If this production is commingled to	with that from any other lease or pool,	Sive comming			Res'v. Diff. Res'		
. COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same	Res.v. Ditt. Nes		
Designate Type of Complet	$tion = (X) \qquad \qquad \chi \chi$	XX ;		P.B.T.D.	i		
Date Spudded	Date Compl. Ready to Prod.	Total Depth		6395'			
5-18-81	6-11-81	6456' Rk	'R	Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Otl/Gas Pay		6354	RKB		
6942' GL	Basin Dakota	6352'		Depth Casing Shoe			
Perforations	2.1.1.2.1.00			İ			
6352-60 & 6366-77',	TUBING, CASING, AN	D CEVENTING RECO	RD				
	TUBING, CASING, AN	DEPTH S	ET	SACKS	CEMENT		
HOLE SIZE	CASING & TUBING SIZE	217' RKB		150 sx c	lass B		
12-1/4"	8-5/8" 4-1/2"		6456' RKB		t. 1st stage		
7-7/8"	4-1/2	VIO		1200 cu.f	t. 2nd stage		
2 0 (0)		6354' RKB		<u>i</u>			
2-3/8"	FOR ALLOWARIE. (Test must be	after recovery of total vol	ume of load oil a	ind must be equal to	o or exceed top alic		
7. TEST DATA AND REQUEST	able for this d	Producing Method (Flo	••,				
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (F	, pamp, a ==,-	1888			
		Casing Pressure		Chate Size	FAT		
Length of Test	Tubing Pressure	Casing Piessau	Á	SAME LE			
		Water - Bbls.		Cay UN 23 1	gga S		
Actual Fred. During Test	Oil-Bbls.		Į	1	SS (
				OIL CON. CO			
				DIST. 3			
GAS WELL Actual Prod. Toot-MCF/D	Length of Test	Bbis. Condensate/MM	CF	Grouty of Conde	ne de		
Actual Prod. 1661-MCF/B	3 hrs			Choke Size			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shi	rt-1 n)	3/4	u		
one point back pres	sue 2195						
I. CERTIFICATE OF COMPLIA		OIL	CONSERVAL	TION DIVISION			
I. CERTIFICATE OF COMPEN				JUL 3-1	981 19		
I hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.			Original Signed by FRANK T. CHAVEZ				
		. BY					
above is true and complete to	the pest of my knowledge sile better	1	SUPERVISOR DIST	TRICT ## 3			
		TITLE					
			compliance with				
من ا	If this is a r	If this is a request for allowable for a newly drilled or deepen.					
(5		well, this form must be accompanied by with RULE 111.					
(Signature) Jim L. Jacobs Geologist		- II anations	att sections of this form must be filled out completely lot allo				
(Title)		able on new and	able on new and recompleted wells.				
6-26-		Fill out only	Der, or transpor	tell of other poor	-		
	(Date)		O 101	. he filed for a	ach pool in multip		