HO, OF COPIDS RECEIVED			
DISTRIBUTION			
SANTA FE			
FILE		1	
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL	1	
	GAS	1	
OPERATOR			
PRORATION OFFICE			
Operator			

J-Million Partie			\	
NO. OF COPIES RECEIVED 5			\	
DISTRIBUTION	1 /	ONSERVATION COMMISS	SION Form C-104 Supersedes Old C-104 and C-110	
FILE	KEMOE21 I	FOR ALLOWABLE AND	Effective 1-1-65	
U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NA	TURAL GAS	
TRANSPORTER GAS 1				
OPERATOR /				
PRORATION OFFICE		······································		
Operator Dugan Productio	on Corn.			
Address				
P. O. Box 234, Reason(s) for filing (Check proper box)	Farmington, New Mexico	0ther (Please e.	xplain)	
New Well	Change in Transporter of: Change in transporter of gas from			
Recompletion Change in Ownership	Oll Dry Gas Casinghead Gas Condens	EPNG to Northwest Pipeline Corp.,		
If change of ownership give name and address of previous owner				
·	I DACE			
DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo		ind of Lease No.	
Jicarilla E	I Blanco Mesav	rerde s	tate, Federal or Fee Indian Cont.	
Location Unit Letter M ; 995	Feet From The South Line	e and 825	Feet From The West	
21		SW , NMPM,	Rio Arriba County	
			·	
Name of Authorized Transporter of Oil	CER OF OIL AND NATURAL GAS or Condensate X	Address (Give address to	which approved copy of this form is to be sent)	
Thriftway Oil Company Name of Authorized Transporter of Cas	singhead Gas or Dry Gas X		ngton, New Mexico 87401 which approved copy of this form is to be sent)	
Northwest Pipeline Corp	oration	501 Airport Dr.	, Farmington, New Mexico 87401	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge. M 21 26N 3W	Is gas actually connected Yes	7 When	
	th that from any other lease or pool,		umber:	
COMPLETION DATA		New Well Workover	Deepen Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Completic	on - (X)	1 , ,	1 1	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations		<u> </u>	Depth Casing Shoe	
Performions				
	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE	027711321		
TEST DATA AND REQUEST FO		fter recovery of total volume pth or be for full 24 hours)	of load oil and must be equal to or exceed top allow-	
OII. WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow,	pump, gas lift, etc.)	
Length of Teat	Tubing Pressure	Casing Pressure	Chok-Siz-ML-UL-, LD	
Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gas MCF JAM 23 1974	
			OZ.	
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condinates	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-1	n) Choke Size	
CERTIFICATE OF COMPLIAN	CE	OIL CO	DISERVATION COMMISSION FEB 7 1974	
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.		APPROVED	FEB 7 1974 19	
		BY Original	Signed by A. R. Kendrick	
		TITLE PETROLEUM ENGINEER DIST. NO. 3		
		This form is to b	be filed in compliance with RULE 1104.	
Onginal signed by A. Dugan		If this is a reque	st for allowable for a newly drilled or deepened be accompanied by a tabulation of the deviation	
(Signature)		well, this form must	all in accordance with RULE 111.	

CERTIFICATE OF COMPLIANCE

Original	signed by A. Dag	gan.
<u>,,</u>	(Signat	ure)
Presid	ent	
	(Title	•)
1-21-7	4	

(Date)

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fift 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.