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PRORATION OFFICE					
Operator					
Dugan Production Cor					
Address					
Box 234, Farmington,					
Reason(s) for filing (Check proper box)					
New Well					
Recompletion	Ц				
Change in Ownership					

	DISTRIBUTION SANTA FE / FILE / U.S.G.S. LAND OFFICE	REQUEST	ONSERVATION COMMISSION FOR ALLOWABLE AND INSPORT OIL AND NATURA	Form C-104 Supersedes Old C-104 and C-110 Elfective 1-1-65 L GAS	
1.	OPERATOR / PRORATION OFFICE Operator Dugan Production Cor	n		30-045-22957	
	Dugan Production Cor Address Box 234, Farmington, Reason(s) for filing (Check proper box) New We!! Recompletion Change in Ownership	NM 87401			
	If change of ownership give name and address of previous owner				
11.	. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lea				
	Hard Deal	! !		ease Lease No. deral or Fee Federal NM-22046	
	Location Unit Letter H : 185			om The East	
				an Juan County	
	Line of Section 18 Tow	mship 26N Range .	IZW , NMPM, Sc	an oddin codiny	
III.	DESIGNATION OF TRANSPORT	or Condensate	Address (Give address to which a	oproved copy of this form is to be sent)	
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas X		oproved copy of this form is to be sent)	
	El Paso Natural Gas	CO. Twp. P.ge.	P. O. Box 990, Fam	mington, NM 87401	
	If well produces oil or liquids, give location of tanks.	1 1 1	No	5-8-28	
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:		
IV.	Designate Type of Completio	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resiv. Diff. Resiv.	
		Date Compl. Ready to Prod.	X Total Depth	P.B,T,D.	
-	Date Spudded 4-17-78	4-26-78	1220'	1177'	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	5972 GR	Pictured Cliffs	1126'	1134 Depth Casing Shoe	
	1126-1134', 1141-114	6'	1207'		
			CEMENTING RECORD		
	7-7/8"	CASING & TUBING SIZE 5-1/2"	DEPTH SET	SACKS CEMENT 8 SX	
	4-3/4"	2-7/8"	1207'	125 sx	
		1-1/4"	1134'		
v.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load spth or be for full 24 hours)	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.)				
		m. L. C. D. C.	Casing Pressure	Choke Star	
	Length of Test	Tubing Pressure	COBMY FIREBUILD		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	178 AOF	3 hrs.	0		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	One Pt. Back Pressure	187 SI	188 SI	5/8"	
VI. CERTIFICATE OF COMPLIANCE OIL CONSERVA				RVATION COMMISSION	
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.			MAY - 1978		
			APPROVED		
above is true and complete to the best of my knowledge and belief.		BY Original Signed by s. a. kendical SUPERVISOR DIST. #3			
	\cap				
	Jai t. Jack		TO ANIA In a segment for a	in compliance with RULE 1104. Illowable for a newly drilled or deepened	
	- In Tagging / (Sien	True }	well, this form must be acco	empanied by a tabulation of the deviation	

Geologist (Title)

> 5-3-78 (Date)

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.