

CMD :
OG6CLOG

ONGARD
C105-WELL COMPLETION OR RECOMP CASING LOG

06/16/94 17:02:32
OGODJ -EME8

OGRID Identifier : 14538 MERIDIAN OIL INC
Prop Identifier : 15174 MAGNOLIA COM
API Well Identifier : 30 45 6133 Well No : 001
Surface Locn - UL : I Sec : 32 Twp : 27N Range : 09W Lot Idn :
Multiple comp (S/M/C) : S TVD Depth (Feet) : 2393 MVD Depth (Feet) : 2280
Spud Date : 10-09-1958 P/A Date :
Casing/Linear Record:

S Size (inches)	Grade Weight (lb/ft)	Depth(ft) Top-Liner	Depth(ft) Bot-Liner	Hole Size (inches)	Cement (Sacks)	TOC (feet)	Code
8.625	24.0	0.0	125.0	13.750	125		C
5.500	15.5	0.0	2392.0	8.750	150		C

E6920:Entered date should be >= Well effective date

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 PF08 PF09 COMMENT PF10 TLOG PF11 PF12

1-NMOCD, SF 1-NMOCC, AZTEC

1-GR 1-File

1-NMOCC, AZTEC

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DUGAN PRODUCTION CORP.

P.O. BOX 420
FARMINGTON, NM

87499 For _____
 Month, JUL 1991 Page 40 of 124
 Year

**Company
or Operator**

Address

26

1951

○

471

POOL NAME (Underline) *Lease Name					INJECTION		PRODUCTION			DISPOSITION OF GAS				DISPOSITION OF OIL										
WELL NO.	UNIT	SEC.	TWP	RNG	VOLUME	PERM.	BARRELS OIL/COND. PRODUCED	BARRELS OF WATER PRODUCED	GAS PRODUCED (MCF)	DAYS PROD.	SOLD	TRANS-PORTER	OTHER	C O D E	OIL ON HAND AT BEG. OF MONTH	BARRELS TO TRANS-PORTER	TRANS-PORTER	OTHER	C O D E	OIL ON HAND AT END OF MONTH				
*LEASE NAME - Include State Land Lease Number or Federal Lease Number																								
GALLEGOS GALLUP (Associated)(Continued)					OIL SECTION (Continued)																			
Davis Federal	SF078937						2	14	333	27	333	EPG	-0-	U	78	0	GR			80				
La Lee Ann	NM37913						146	11	253	22	164	EPG	89	U										
5I	28	27N	13W				147	11	164	22	75	EPG	89	U										
6K	28	27N	13W				270	11	241	22	152	EPG	89	U										
7F	28	27N	13W				563	33	658	22	391	EPG	267	U	264	616	GR			211				
LEASE TOTAL																								
DISTRIBUTION					STATUS CODE					OTHER GAS DISPOSITION CODE					OTHER OIL DISPOSITION CODE					I HEREBY CERTIFY THAT THE INFORMATION GIVEN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE				
Original OCD Santa Fe					F.....FLOWING					X.....USED OFF LEASE					C.....CIRCULATING OIL					Maxine Wheeler (505) 325-1821				
One Copy OCD Dist. Office					P.....PUMPING					D.....USED FOR DRILLING					L.....LOST									
in which lease is located					G.....GAS LIFT					G.....GAS LIFT					S.....SEDIMENTATION (S & W)									
One Copy to Transporter (s)					S.....SHUT IN					L.....LOST (NOT ESTIMATED)					E.....EXPLANATION ATTACHED									
DATE DUE					T.....TEMP ABANDONED					E.....EXPLANATION ATTACHED					T.....THEFT									
To be postmarked by 24th day of next succeeding month.					I.....INJECTION					R.....REPRESSURING OR										TYPED NAME Production Clerk				
					D.....DISCONTINUED					V.....VENTED										PHONE NUMBER				
										U.....USED ON LEASE										POSITION				
																				SIGNATURE				
																				DATE				
																				Maxine Wheeler 8-23-91				