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U.S.G.S.

LAND OFFICE

TRANSPORTER

OIL

1

GAS

OPERATOR

7

PRORATION 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 1-1-65

I. Operator

Dugan Production Corporation

Address

P.O. Box 234, Farmington, New Mexico

Reason(s) for filing (Check proper box)

New Well

Change in Transporter of:

Oil

Dry Gas

Recompletion

Casinghead Gas

Condensate

Change in Ownership

X

Other (Please explain)

If change of ownership give name and address of previous owner

Shiprock Corporation P.O. Box 14274 Oklahoma City Oklahoma

II. DESCRIPTION OF WELL AND LEASE

Lease Name

Rex

Well No.

2

Pool Name, Including Formation

Undesignated - Gallup

Kind of Lease

State, Federal or Fee

Federal

Lease No.

Att-2136

Location

Unit Letter

D

Feet From The

990

Line and

990

Feet From The

West

Line of Section

18

Township

27 North

Range

13 West

NMPM,

San Juan

County

SF-078009-C

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

X

or Condensate

Address (Give address to which approved copy of this form is to be sent)

Rock Island Oil & Refining Co.

P.O. Box 328, Farmington, New Mexico

Name of Authorized Transporter of Casinghead Gas

or Dry Gas

Address (Give address to which approved copy of this form is to be sent)

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

Unit

D

Sec.

18

Twp.

27N

Rge.

13W

Is gas actually connected?

No

When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)

Oil Well

Gas Well

New Well

Workover

Deepen

Plug Back

Same Res'v.

Diff. Res'v.

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

Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE

CASING & TUBING SIZE

DEPTH SET

SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks

Date of Test

Producing Method (Flow, pump, gas lift, etc.)

Length of Test

Tubing Pressure

Casing Pressure

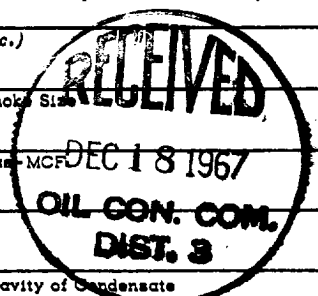
Choke Size

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

Testing Method (pilot, back pr.)

Tubing Pressure (shut-in)

Casing Pressure (shut-in)

Choke Size

VI. 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.

Signature

Agent

12-16-67

(Date)

OIL CONSERVATION COMMISSION

APPROVED

DEC 18 1967

, 19

BY

Original Signed by Emery C. Arnold

TITLE

SUPERVISOR DIST. #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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.