HO. OF CUPIES RECEIVED 1 4								
DISTRIBUTION	N	EW MEXICO OIL			ISSION		m C-104	
SANTA FE	REQUEST FOR ALLOWABLE					Supersedes Old C-104 and C-11 Effective 1-1-65		
FILE		7 . 7	AND	011 1110 1	14711541	0.4.6		
U.S.G.S.	AUTHORI	ZATION TO TE	ANSPURI	OIL AND I	NATURAL.	GAS		
OIL								
TRANSPORTER GAS /								
OPERATOR /								
PRORATION OFFICE								
Operator			<u> </u>					
Dugan Production	Corp.							
Address			, , , , , , , , , , , , , , , , , , ,					
Box 234, Farming	ton, NM 87	401						
Reason(s) for filing (Check proper box)				Other (Please	explain)			
Jew Well	Change in Tr	ansporter of:						
Recompletion	Oil	Dry	Gas					
Change in Ownership	Casinghead (Gas Conc	iensate					
change of ownership give name address of previous owner	EASE							
ease Name	Well No. Po	ool Name, Including			Kind of Lea:			Lease No.
Ојо-не-не	2	WAW - Pict	ured Cli:	ffs	State, Feder	al or Fee	Federal]	NM 0553
Location								
	5 Feet From 7	The North	ine and	920 '	Feet From	The	West	
		rhe North I		920 '	Feet From	1110		
Unit Letter E : 161	5 Feet From T	The North Range	.ine and 13W	920 '		1110	West San Juan	County
Unit Letter E : 161	nship 27N	Range	13W			1110		County
Unit Letter E : 161: Line of Section 33 Town DESIGNATION OF TRANSPORT	er of oil A	Range	13W	, NMPM	1,		San Juan	
Unit Letter E : 161	er of oil A	Range	13W	, NMPM	1,			
Unit Letter E : 161 Line of Section 33 Town DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	ER OF OIL A	Range ND NATURAL (13W Address (, NMPM Give address	to which appr	oved copy of	San Juan	be sent)
Unit Letter E : 161: Line of Section 33 Town DESIGNATION OF TRANSPORT Name of Authorized Transporter of Cast	ER OF OIL AT or Cond	Range	Address (, NMPM Give address Give address	to which appr	oved copy of	San Juan this form is to	be sent)
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Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas tift, etc.)			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas MCF067 16 1975		
GAS WELL			01, 104 COW		
Actual Prod. Test-MCF/D	Length of Test 3 hrs	Bbls. Condensate/MMCF	Gravity of Condensate		
167 AOF 3 Nrs Testing Method (pitot, back pr.) Tubing Pressure (shut-in) One point back pressure		Casing Pressure (Shut-in) 225	Choke Size 5/8"		
		OU CONSERVATION COMMISSION			

'I. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation

above is true and complete to the best of my knowledge and belief.
$\gamma / / / $
S.A. Wuga
(Signature)
Engineer
(Title)
10-14-75
(Date)

Lease No. NM 0553184

OIL CONSERVATION COMMISSION					
APPROVE	O((25 45)	, 19			
	Original Signed by A P	- Vendatale			
TITLE	LEE LEOK DIST 4				

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.