	4-NMOCC 1-	File						
ſ	N'. OF COPIES RECE	4						
1	DISTRIBUTIO							
1	SANTA FE							
	FILE	1						
	U.S.G.S.	1						
	LAND OFFICE							
	[RANSPORTER	OIL						
	TRANSFORTER	GAS	j					
	OPERATOR	1						
1.	PRORATION OF							
	Operator							
	Dugan Produc							
	Address							

}	SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE				Form C-104 Supersedes Old C-104 and C-110				
	FILE		1		REQUEST F	Effective 1-1-65				
Ì	U.S.G.S.		1		AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
	LAND OFFICE			The state of the s						
l	TRANSPORTER	OIL	<u> </u>							
	OPERATOR	GAS	/							
	PRORATION OF	FICE	-							
•	Operator									
Dugan Production Corp.										
	Address	2211								
	Bo:	Check of	roper	box	nington, NM 87401	Other (Please	explain)			
	Reason(s) for filing (Check proper box)  New We!1  Change in Transporter of:									
	Recompletion				Oil Dry Gas	• 🔲				
	Change in Ownershi	P			Casinghead Gas Condens	sate				
	If change of owners	shin giv	e nai	ne						
	and address of pre-					<u> </u>	<del></del>			
**	DESCRIPTION C	ie wet	ΥA	ND I	FASE					
14.	Lease Name	M WELL	<u>,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,</u>	1917 1	Well No. Pool Name, Including Fo		Kind of Lease	_		
	0jo-	Но			2 WAW - Pict	tured Cliffs	State, Federal	crfee Federal NM-7276		
	Location	_			couth	1506		West		
	Unit Letter	L	. <b>:</b>	1/5	Feet From The South Line	and 1340	Feet From T	he MCSC		
	Line of Section	31		Tow	vaship 27N Range	13W , NMPM	1,	San Juan County		
	Eine of occion									
III.	DESIGNATION C	OF TRA	NSF	ORT	TER OF OIL AND NATURAL GA	S Address (Give address	to which approv	ed copy of this form is to be sent)		
	Name of Authorized	Transpo	rter o	. 011	or Condensate	Address   Othe dates	to which approv	, , , , , , , , , , , , , , , , , , , ,		
	Name of Authorized	Transpo	rter o	of Cas	singhead Gas or Dry Gas X	Address (Give address	to which approv	ed copy of this form is to be sent)		
	Dugan Pro				· —	Box 234, Far	rmington,	NM 87401		
	If well produces oil				Unit   Sec.   Twp.   P.ge.	is gas actually connected? When		'n		
	give location of tan	ks.								
	If this production i	is comm	ingle	d wit	th that from any other lease or pool,	give commingling orde	r number:			
V.	COMPLETION I					New Well Workover	Deepen	Plug Back   Same Res'v. Diff. Res'v.		
	Designate Ty	pe of C	Comp	letio	on – (X)	x				
	Date Spudded				Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
	6-28-76				7-22-76 Name of Producing Formation	1460' Top Oil/Gas Pay		1408 Tubing Depth		
	Elevations (DF, RK		GR, e	tc.j	Pictured Cliffs	1354'		1368'		
	Perforations	ıK			Tictured Ciri			Depth Casing Shoe		
	1	1591,	13	26	1335', 1170-1175'					
						D CEMENTING RECORD		SACKS CEMENT		
		SIZE			CASING & TUBING SIZE  5-1/2"			5		
		-7/8" -3/4"			2-7/8"	1428		90		
	4-	-3/4			1-1/4"	1368				
						<u> </u>				
V.		D REG	UES	T F	OR ALLOWABLE (Test must be a	fter recovery of total vol pth or be for full 24 how	ume of load oil : 's)	and must be equal to or exceed top allow-		
	OIL WELL Date First New Oil	Bun To	Tonk		Date of Test	Producing Method (Flo	w, pump, gas lij	ft, etc.)		
	Date 1 list New Cit	111411 10	, 4,,,,							
Length of Test					Tubing Pressure	Casing Pressure		Cho es la		
						Water-Bbls.		1 //		
	Actual Prod. Durin	g Test			Oil-Bbis.	114(0 22.00		Gas-MGFUL 25 1976		
					2001					
	GAS WELL						Gravity of Challens			
	Actual Prod. Test	-MCF/D			Length of Test	Bbls. Condensate/MM	CF	Gravity of Gandaoan.		
	50 AC				3 hrs Tubing Pressure (Shut-in)	Casing Pressure (Shu	t-in)	Choke Size		
	Testing Method (p Pitot tul		c pr.)		119	199				
			WDI	TAN		OIL	CONSERVA	TION COMMISSION		
VI	. CERTIFICATE	RTIFICATE OF COMPLIANCE						6 19/6		
	I hereby certify t	hat the	rules	and	regulations of the Oil Conservation	Arrivo 4 Ed				
						original Signed by A. R. Kendrick				
	above is true and complete to the best of my knowledge and belief.  Thomas A. Dugan  (Signature)					TITLE SUPERVISOR DIST. #3				
						11				
						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 takes on the well in accordance with RULE 111.				
	Engineer // (Signature)					All sections	well, this form must be accompanied with RULE 111.  tests taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for allow-			
Eligineer (Title) able					itle)	lable on new and	able on new and recompleted wells.			
	7-22-76					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.				
				(D	Pate)	Separate For	Separate Forms C-104 must be filed for each pool in multiply			
						completed wells.				