| | → -iv1 | الالمالة | . | | يرزب |
|----|---------------|-------------|---------------|-----|------|
| ſ | NO. OF | - | | 4 | |
| ı | DIS | TRIBUTIO | | | |
| Ì | SANTA | FE | | / | |
| ı | FILE | | | | |
| | U.S.G.S | FFICE | | , | |
| | LAND | | | | |
| | TRANSI | ORTER | OIL | | |
| | | | GAS | 1 | |
| | OPERA | TOR | | / | |
| | PRORA | TION OFFICE | | | |
| •• | Operator | Duga | odu | cti | |

| | | TRIBUTION / | NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE | | Form C-104 Supersedes Old C-104 and C-110 | | | | |
|------------|---|--|--|---|--|--|--|--|--|
| | U.S.G.S. | | AUTHORIZATION TO TRAN | AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS | | | | | |
| | | ORTER OIL GAS / | | | | | | | |
| | OPERA PRORA | TOR / | | | | | | | |
| | Operator | Dugan Production Corp. | | | | | | | |
| | Address | Box 234, Farmington, NM 87401 | | | | | | | |
| | Reason(s) for filing (Check proper box) New We!! Change in Transporter of: | | | | | | | | |
| | Recomple Change is | tion n Ownership | Oil Dry Gas Casinghead Gas Condens | 71 | | | | | |
| , | If change and addre | of ownership give name as of previous owner | | | | | | | |
| II. | | ESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Whomas Joffonson 2 WAW - Pictured Cliffs State, Federal or Fee Federal NM 1 | | | | | | | |
| | Thomas Jefferson 2 WAW - Pictured Cliffs State, Federal or Fee Federal | | | | | | | | |
| | Unit Letter M : 900 Feet From The South Line and 790 Feet From The West | | | | | | | | |
| | Line of Section 34 Township 27N Range 13W , NMPM, San Juan Coun | | | | | | | | |
| III. | DESIGN | ATION OF TRANSPORT Authorized Transporter of Oil | ER OF OIL AND NATURAL GAS | S Address (Give address to which approve | d copy of this form is to be sent) | | | | |
| | Name of | Authorized Transporter of Casi | Inghead Gas or Dry Gas 🔀 | Address (Give address to which approve | d copy of this form is to be sent) | | | | |
| | | n Production Cor | р. | Box 234, Farmington, [15 gas actually connected? When | | | | | |
| | give loc | eli produces oil or liquids, location of tanks. | | | | | | | |
| v . | If this pr | oduction is commingled with ETION DATA | h that from any other lease or pool, | | Plug Back Same Res'v. Diff. Res'v. | | | | |
| | Desi | gnate Type of Completion | l | X | 1 | | | | |
| | Date Spi | dded 5-9-76 | Date Compl. Ready to Prod. 7-1-76 | Total Depth 1450 * | P.B.T.D. | | | | |
| | 1 | ns (DF, RKB, RT, GR, etc.) 6187 GR | Name of Producing Formation Pictured Cliffs | Top O:1/Gas Pay 1346 * | Tubing Depth 1381 | | | | |
| | Perforat | Depth Casing Shoe | | | | | | | |
| | | HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | |
| | | 7-7/8" | 5-1/2" | 38 1 | 5 | | | | |
| | | 4-3/4" | 2-7/8" 1-1/4" | 1426 ' 1381 ' | 100 | | | | |
| 4, | TECT : | ATA AND PROJEST FO | OR ALLOWABLE (Test must be at | fter recovery of total volume of load oil a pth or be for full 24 hours) | nd must be equal to or exceed top allow- | | | | |
| ▼. | OIL WE | I.I. et New Oil Run To Tanks | able for this de | pth or be for full 24 hours) Producing Method (Flow, pump, gas lift | 1 | | | | |
| | | | Tubing Pressure | Casing Pressure | Choke Site 3 | | | | |
| | Length | | | Water-Bbls. | Goe-MCF | | | | |
| | Actual I | Prod. During Test | Oil-Bbls. | Wide - Data | | | | | |
| | GAS W | AC WETT | | | | | | | |
| | Actual | Prod. Test-MCF/D | Length of Test 3 hrs | Bbls. Condensate/MMCF | Gravity of Condensate | | | | |
| | Testing | Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) 227 | Choke Size 5/8" | | | | |
| 47 | | point back pressu | | OIL CONSERVATION COMMISSION | | | | | |
| V1 | | | | Original Signed and A. Kendrick Original Signed and A. Kendrick TITLE 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. | | | | | |
| | | | regulations of the Oil Conservation with and that the information given best of my knowledge and belief. | | | | | | |
| | | | | | | | | | |
| | | J. A. Wuss | Thomas A. Dugan | | | | | | |
| | Eng | ineer // | tle) | All sections of this form mulable on new and recompleted we | st be filled out completely for allow- lis. | | | | |
| | , ,,, | | | II many a series Considered T TT | til and VI for changes of owner, | | | | |

(Date)

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.