	4-NMOCC (Azt	cec)	5-Kirb	y Grou			
ſ	NO. OF COPIES RECE	4					
	DISTRIBUTIO						
	SANTA FE	SANTA FE					
	FILE						
	U.S.G.S.		AU1				
	LAND OFFICE						
	TRANSPORTER	OIL GAS	7				
	OPERATOR	<u> </u>	7				
	PRORATION OFFICE						
•	Operator						
		Dugan	Produc	ction (
	Address						
		Box 2	34, Fai	cmingto			
	Reason(s) for filing		roper box)				
	New Well	X		Chan			
	Recompletion	Ц		Oil			
	Change in Ownership	<u> </u>		Casir			
•	If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND LEASE Lease Name Well						
	Notsowaw						
	Location						
	Unit Letter	C	;1000	0Feet			
	Line of Section	32	Town	nship			
. •	DESIGNATION O	F TRA	NSPORT	ER OF			
	Name of Authorized Transporter of Casinghead Go						
	Dugan Production Corp.						
	If well produces oil give location of tank	or liquid	l s ,	 			
	If this production is commingled with that from 1. COMPLETION DATA						
	Designate Type of Completion - (X)						
	Date Spudded			Date Com			
	5-19-7	77					
	Elevations (DF, RK	B, RT, C	R, etc.	Name of 1			
	Elevations (DF, RK		R, etc.;	Name of 1 Pic			

DISTRIBUTION SANTA FE /	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND		Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65			
U.S.G.S.	AUTHORIZATION TO TRAI	AS				
I RANSPORTER OIL	AND OFFICE OIL					
GAS /						
PROPATION OFFICE						
Operator Discan Produc	Dugan Production Corp.					
Address	dress					
Box 234, Fa. Reason(s) for filing (Check proper box)	Box 234, Farmington, NM 87401 son(s) for filing (Check proper box) Other (Please explain)					
New Well	Change in Transporter of:					
Recompletion Change in Ownership	Oil Dry Gas Casinghead Gas Condens	声 !				
If change of ownership give name and address of previous owner						
. DESCRIPTION OF WELL AND I	EASE					
Lease Name	Well No. Pool Name, Including Fo					
Notsowaw	2 WAW - Pictur	ed CILIES State, Foundation	Federal Mr 11030			
Unit Letter C; 100	O Feet From The North Line	e and 1800 Feet From T				
Line of Section 32 Tow	mship 27N Range	13W , NMPM,	San Juan County			
. DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S				
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approv	ped copy of this form is to be sent)			
Name of Authorized Transporter of Cas	inghead Gas or Dry Gas X	Address (Give address to which approv				
Dugan Production Corp	Unit Sec. Twp. Rge.		Box 234, Farmington, NM 87401			
If well produces oil or liquids, give location of tanks.	ont sec. Two 1.90					
If this production is commingled wit	h that from any other lease or pool,	give commingling order number:				
. COMPLETION DATA		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
Designate Type of Completio	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
Date Spudded 5-19-77	7-12-77	1420'	1388'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 1264 *	Tubing Depth 1299*			
6134 GR Pictured Clifts 1264 Depth Casing Shoe						
1301-1306', 1275-	1301-1306', 1275-1280', 1264-1269' TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
7-7/8"	5-1/2"	381	6			
4-3/4"	2-7/8"	1413'	100			
	1-1/4"	1299'				
/. TEST DATA AND REQUEST FO	EST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours)					
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)			
	Tubing Pressure	Casing Pressure	Chole Size			
Length of Test			Gas MCF			
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas MCF CON CON			
		<u> </u>	Com Digition			
GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
Actual Prod. Test-MCF/D 80 AOF	3 hrs					
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) 155	Choke Size 1/2"			
One point back pressure I. CERTIFICATE OF COMPLIAN	1	OIL CONSERVA	TION COMMISSION			
	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.		APPROVED JUL 21 19/			
a distribution and state of the			APPROVED JUL 5 I. Original Signed by A. R. Kendrick BY			
• •			TITLE SUPERVISOR DIST. #3			
			This form is to be filed in compliance with RULE 1104.			
Thomas A. Dugan	Y. A. Wuga	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				
(Sign Petroleum Engineer	ature)	tests taken on the well in acco	tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-			
	tle)	able 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.				
7-19-77	ate)					
12.						