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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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

API 30-045-22695

Operator  
 Dugan Production Corp.

Address  
 Box 234, Farmington, NM 87401

Reason(s) for filing (Check proper box) Other (Please explain)

New Well  Change in Transporter of:

Recompletion  Oil  Dry Gas

Change in Ownership  Casinghead Gas  Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

Lease Name KR	Well No. 3	Pool Name, Including Formation WAW Fruitland PC	Kind of Lease State, Federal or Fee Fed NM	Lease No. 11580
Location				
Unit Letter 0	790	Feet From The South	Line and	1850
Line of Section 20			Township 27N	Range 13W
			NMPM, San Juan	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Dugan Production Corp.	Box 234, Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? <input type="checkbox"/> When	
	No	

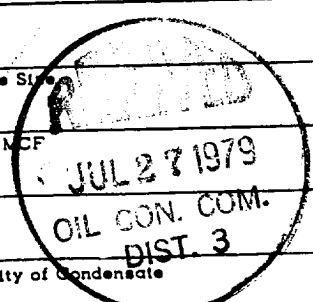
If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 3-2-78	Date Compl. Ready to Prod.		Total Depth 1450'			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) 6061' GR	Name of Producing Formation Pictured Cliffs		Top Oil/Gas Pay 1300'			Tubing Depth None		
Perforations 1300-1306		1310-1312						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
7-7/8"	5-1/2"		37'			6 SX		
4-3/4"	2-7/8"		1434'			125 SX		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D 18 MCF	Length of Test 3 hrs	Casing Pressure (Shut-in) 249	Choke Size
Testing Method (pitot, back pr.) pitot	Tubing Pressure (shut-in)		

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.

*Thomas A. Dugan*  
 Thomas A. Dugan (Signature)  
 Petroleum Engineer  
 (Title)

7-25-79  
 (Date)

OIL CONSERVATION COMMISSION  
 APPROVED AUG 14 1979, 19\_\_\_\_  
 Original Signed by A. R. Kendrick  
 BY \_\_\_\_\_  
 SUPERVISOR DISTRICT #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