| | 4-NMOCC | 1-F | ile | : | | | | |
|----|---|----------------|-----|---|---|--|--|--|
| | DISTRIBUTION | | | | | | | |
| | | | | | | | | |
| | SANTA FE | - { | | | | | | |
| | FILE | | | | 1 | | | |
| | U.S.G.S. | | | | | | | |
| | LAND OFFICE | | | | | | | |
| | IRANSPORTER | ان | | | | | | |
| | | GAS | 1 | | | | | |
| | OPERATOR | | | | | | | |
| 1. | PRORATION OF | ICE | | | | | | |
| | Operator | | | | | | | |
| | Dugan Production Co | | | | | | | |
| | Address | | | | | | | |
| i | P. O. B | | | | | | | |
| i | Reason(s) for filing (Check proper box) | | | | | | | |
| | New We'l | $ \mathbf{x} $ | | | | | | |

| | DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER GAS OPERATOR | 1 | CONSERVATION COMM FOR ALLOWABLE AND ANSPORT OIL AND | Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 | | | | |
|------------|---|---|--|--|--------------------------------------|--|--|--|
| 1. | PRORATION OFFICE Operator | | | ·· | | | | |
| | Address | P. O. Box 234, Farmington, NM 87401 | | | | | | |
| | New We!l X Recompletion Change in Ownership | Change in Transporter of: Oil Dry Ga Casinghead Gas Conder | 77 | | | | | |
| | If change of ownership give name and address of previous owner | | | | 744 | | | |
| H. | DESCRIPTION OF WELL AND LEASE Lease Name | | | | | | | |
| | FAF Location | #3 Pictured Cli | ffs ext | State, Federal | or Fee NM-0499348 | | | |
| | Unit Letter C; 79 | | e and 2000! | Feet From T | he West 1 Juan County | | | |
| III. | DESIGNATION OF TRANSPORT | TER OF OIL AND NATURAL GA | s | | ed copy of this form is to be sent) | | | |
| | Name of Authorized Transporter of Cas Dugan Production C | | Address (Give address to which approved copy of this for P. O. Box 234, Farmington, NM 8 Is gas actually connected? | | gton, NM 87401 | | | |
| | give location of tanks. If this production is commingled wit | h that from any other lease or pool, | give commingling orde | r number: | | | | |
| IV. | COMPLETION DATA | Oil Well Gas Well | New Well Workover | Deepen | Plug Back Same Res'v. Diff. Res'v. | | | |
| | Designate Type of Completio | n — (X) X Date Compl. Ready to Prod. | Total Depth | | P.B.T.D. | | | |
| | 5-1-78 | 6-1-78 | 1474' | | 1413' | | | |
| | Elevations (DF, RKB, RT, GR, etc.) 6151' GR | Name of Producing Formation Pictured Cliffs | Top Oil/Gas Pay | | Tubing Depth 1366' | | | |
| | Perforations 1341-1346', 1350-13 | 355' | <u></u> | | Depth Casing Shoe | | | |
| | | CEMENTING RECORD | | | | | | |
| | HOLE SIZE | CASING & TUBING SIZE | DEPTH S | ET | SACKS CEMENT | | | |
| | 7-7/8" 2-7/8" | 5-1/2" 2-7/8" | 41' 1450' G | | 8 sx 125 sx | | | |
| | 2-1/0 | 1-1/4" | 1366' | | | | | |
| v. | TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable (or this depth or be for full 24 hours) | | | | | | | |
| | Date First New Oil Run To Tanks | Producing Method (Flow, pump, gas lift, etc.) | | i, etc.) | | | | |
| | Length of Test | Tubing Pressure Oil-Bbls. | Casing Pressure | | Choke Size | | | |
| | Actual Prod. During Test | 011-5016. | | | f assertion and | | | |
| | GAS WELL | | | | | | | |
| | Actual Prod. Test-MCF/D | Length of Test 3 hrs | Bbls. Condensate/MMC | F | Gravity of Condensate | | | |
| | Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut | :-in) | Choke Size | | | |
| 471 | One point back pressure CERTIFICATE OF COMPLIANCE | | 248 SI | CONSERVA | 1/2" TION COMMISSION | | | |
| | I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given | | APPROVED, 19 | | | | | |
| | above is true and complete to the best of my knowledge and belief. | | I COMPANY TOOD DICH #2 | | | | | |
| | 2. A. Dugan | | TITLE SUPERVISOR DIST. #2 This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened | | | | | |
| | Thomas A. Dugar (Signa Petroleum En | | 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 allow | | | | | |
| | √ (Tit 6-9-78 (Da | 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. | | | | | |