5 000					
NO. OF COPIES RECE	5				
DISTRIBUTION					
SANTA FE	1				
FILE	1				
u.s.g.s.					
LAND OFFICE					
TRANSPORTER	OIL	1			
	GAS				
OPERATOR	2				

SANTA FE /	_	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-11		
U.S.G.S.	4 .,					Effective 1-1-65		
LAND OFFICE	- Al	JTHORIZATI	ON TO TRA	ANSPORT OIL AND	NATURAL O	GAS		
IRANSPORTER OIL /	\dashv					•		
GAS								
OPERATOR 2								
I. PRORATION OFFICE								
Dugan Production Co	rp.							
Box 234, Farmington	, New M	exico 874	01					
Reason(s) for filing (Check proper b	ox)			Other (Pleas	se explain)			
New Well		inge in Transport	-					
Recompletion Change in Ownership XX	Oil Cas	singhead Gas	Dry Go Conder		ige operati in Product	or from Shiprock Corp. ion Corp.		
If change of ownership give name and address of previous owner	Shipro	ck Corp., i	Box 14274	4, Oklahoma Cit	y, Okla,			
II. DESCRIPTION OF WELL ANI						•		
Lease Name		ll No. Pool Nam		ormation	Kind of Lease	20450 ::01		
Douth1t Location		l Undes	ignated		State, Federa	or Fee Fed5F 177978-X		
Unit Letter P; 99	90 Fe	et From The	South Lin	ne and 990	Feet From 7	The East		
Line of Section 33	Cownship	28N	Range	. NMP	м, San S	Juan County		
II. DESIGNATION OF TRANSPO	RTER OF	OIL AND NA	TURAL GA	AS				
Name of Authorized Transporter of C The Permian Corp.		or Condensate		Address (Give address		ved copy of this form is to be sent)		
Name of Authorized Transporter of C	Casinghead (Gas or Dry	/ Gas 🗔	Box 3119, Mi Address (Give address	to which approx	ved copy of this form is to be sent)		
	Unit	Sec. Twp.	Per	Is gas actually connec	ted? Whe			
If well produces oil or liquids, give location of tanks.	P	33 Twp.		is gas actually connec	ted r whe	·		
If this production is commingled to	with that fr	om any other le	ease or pool,	give commingling ord	er number:			
V. COMPLETION DATA	·· (V)	Oil Well	Gas Well	New Well Workover	Deepen	Plug Back Same Res'v. Diff. Res'v.		
Designate Type of Complete			1		<u> </u>			
Date Spudded	Date Co.	mpl. Ready to Pr	rod.	Total Depth		P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.,	Name of	Producing Form	ation	Top Oil/Gas Pay		Tubing Depth		
Perforations				<u> </u>		Depth Casing Shoe		
				D CEMENTING RECO		T		
HOLE SIZE	CA	ASING & TUBIN	NG SIZE	DEPTH S	SET	SACKS CEMENT		
				(A)	103			
					1			
				OLUP.	8200			
V. TEST DATA AND REQUEST	FOR ALL	OWABLE (7	est must be a	fter recovery of total vel	lune of load oil	and must be equal to or exceed top allow		
OIL WELL Date First New Oil Run To Tanks	Date of		tote for this de	Producing Method (Flo	ow, numb, gas	ft, etc.)		
Length of Test	Tubing	Pressure		fter recovery of total velepth or be for full 24 500 Producing Metro (Fig.	30°54. 3	Choke Size		
						G MOR		
Actual Prod. During Test	Oil-Bbi	.5.		Water - Bbls.		Gas - MCF		
CACWETT								
Actual Prod. Test-MCF/D	Length	of Test		Bbls. Condensate/MM	CF	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing	Pressure (Shut-	·in ì	Casing Pressure (Shu	t-in)	Choke Size		
VI. CERTIFICATE OF COMPLIA	NCE			OIL	CONSERVA	TION COMMISSION SEP 1 6 1968		
I hereby certify that the rules and	d regulatio	ns of the Oil C	Conservation	APPROVED				
Commission have been complied above is true and complete to t	with and	that the inform	nation given	By Original	Signed by	Emery C. Arnold		
				 TITLE		SUPERVISOR DIST. #9		
Original signed by	у Т. А. Г)uga n			to be filed in	compliance with RULE 1104.		
Original argines of				If this is a re-	quest for allow	vable for a newly drilled or deepened		
(Si	gnature)			well this form mu	at be accompa	nied by a tabulation of the deviation dance with RULE 111.		
Operator	Tiele)			All sections of	of this form mu	at be filled out completely for allow-		
	Title)				able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner,			
9/9/68	'Date)			well name or number, or transporter, or other such change of condition.				
				Separate Form completed wells.	ns C-104 must	t be filed for each pool in multiply		
				"bi				