

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

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	1
PRORATION OFFICE	1

I. Operator **Thomas A. Duggan**

Address **Box 234, Farmington, N. M. 87401**

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner **Exploration Drilling Co., 1909 First National Bank Bldg., Tulsa, Okla.**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Pet. Inc.	Well No. 1	Pool Name, Including Formation Undesignated - Gallup	Kind of Lease State, Federal or Fee	Lease No. 14-20-603-2015
Location Unit Letter D ; 660 Feet From The North Line and 660 Feet From The West				
Line of Section 26 Township 28 North Range 15 West , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) Box 108, Farmington, N. M. 87401				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) Box 990, Farmington, N. M. 87401				
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 26	Twp. 28N	Rge. 15W	Is gas actually connected? No

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

IV. 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 10-31-61	Date Compl. Ready to Prod. 12-2-61	Total Depth 4600'		P.B.T.D. 4563'				
Elevations (DF, RKB, RT, GR, etc.) 5553' OF 5563' HKB	Name of Producing Formation Gallup	Top Oil/Gas Pay 4524'		Tubing Depth 4535' TKE				
Perforations 4524 - 4528				Depth Casing Shoe 4996'				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9 5/8"	217	200 SX
7 7/8"	4 1/2"	4596	150 SX
	2 3/8"	4535	

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

Actual Prod. Test - MCF/D CAOF 5250'	Length of Test 48 Hrs.	Bbls. Condensate/MMCF 5.64 bbl.	Gravity of Condensate 650
Testing Method (pitot, back pr.) Four pt. Back Pressure	Tubing Pressure (Shut-in) 1323	Casing Pressure (Shut-in) 1325	Choke Size Various

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.

J. L. Jacobs (dw)
Agent (Signature)

12-16-66
(Date)

OIL CONSERVATION COMMISSION

APPROVED **JAN 18 1967**, 19

BY **Original Signed by Emery C. Arnold**

TITLE **SUPERVISOR DIST**

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 completed wells.