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TRANSPORTER	OIL 1 GAS 1
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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

I.

Operator <u>Thomas A. Dugan</u>	
Address <u>Box 234, Farmington, N.M.</u>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Name changed from Navajo #1 to Midwest #1
Recompletion <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

Midwest Oil Corporation, 1700 Broadway, Denver, Colorado

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Midwest</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Undesignated - Gallup</u>	Kind of Lease State, Federal or Fee <u>Navajo</u>	Lease No.
Location				
Unit Letter <u>P</u> ; <u>790</u> Feet From The <u>South</u> Line and <u>790</u> Feet From The <u>East</u>				
Line of Section <u>31</u> Township <u>28 North</u> Range <u>14 West</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<u>Plateau, Inc.</u>	<u>P. O. Box 108, Farmington, N.M.</u>	
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)	
<u>El Paso Natural Gas Co.</u>	<u>P. O. Box 990, Farmington, N.M.</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>P</u>	Sec. <u>31</u>
	Twp. <u>28N</u>	Rge. <u>14W</u>
	Is gas actually connected? <u>Yes</u> When	

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.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Date Spudded <u>3-22-66</u>	Date Compl. Ready to Prod. <u>4-29-66</u>		Total Depth <u>5760'</u>		P.B.T.D. <u>5068'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>5727' OR 5735' RKB</u>	Name of Producing Formation <u>Gallup</u>		Top Oil/Gas Pay <u>4043'</u>		Tubing Depth <u>4012'</u>			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4"</u>	<u>8 5/8"</u>	<u>216'</u>	<u>150</u>
<u>7 7/8"</u>	<u>5 1/2"</u>	<u>5770'</u>	<u>225</u>
	<u>2 3/8"</u>	<u>4012'</u>	

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 <u>3231 4296 MCF</u>	Length of Test <u>3 hrs.</u>	Bbls. Condensate/MMCF <u>Spray</u>	Gravity of Condensate
Testing Method (pitot, back pr.) <u>One pt. back pr.</u>	Tubing Pressure (Shut-in) <u>1149</u>	Casing Pressure (Shut-in) <u>1173</u>	Choke Size <u>3/4"</u>

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.

Original signed by T. A. Dugan

(Signature)

Operator

(Title)

12/12/66

(Date)

OIL CONSERVATION COMMISSION

DEC 15 1966

APPROVED _____, 19 _____

BY Original Signed by Emery C. Arnold

TITLE SUPERVISOR DIST. #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 completed wells.