

DISTRIBUTION		5	
SANTA FE		1	
FILE		1	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS	1	
OPERATOR		1	
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

I.

Operator Dugan Production Corp.	
Address Box 234, Farmington, NM 87401	
Reason(s) for filing (Check proper box)	
New Well <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"/>
Recompletion <input type="checkbox"/>	Other (Please explain) Change of well name from Sherman Edward #2A to Sherman #2 effective Nov 8, 1976
Change in Ownership <input type="checkbox"/>	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sherman	Well No. 2	Pool Name, including Formation Undesignated Pictured Cliffs	Kind of Lease State, Federal or Fee Federal	Lease No. NM 23047
Location Unit Letter <u>E</u> ; <u>2500</u> Feet From The <u>North</u> Line and <u>510</u> Feet From The <u>West</u> Line of Section <u>3</u> Township <u>29N</u> Range <u>5W</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Inland Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1528, Farmington, NM 87401			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) Box 90, Farmington, NM 87401			
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 3	Twp. 29N	Rge. 5W
Is gas actually connected?		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.
		X						
Date Spudded 7-12-76	Date Compl. Ready to Prod. 9-11-76		Total Depth 5721'		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 6388' GR	Name of Producing Formation Undesig PC - Blanco MV		Top Oil/Gas Pay 3182'		Tubing Depth 3357' (PC) 5550' (MV)			
Perforations 3182-3366' (PC) 5222-5539' (MV)		Depth Casing Shoe						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		201'		150 sx			
5-1/2"	7-7/8"		5764'		1st stage 448 cu ft			
	1-1/4" (PC)		3357'		2nd stage 810 cu ft			
	1-1/4" (MV)		5550'					

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 481 AOF (PC) 1099 AOF (MV)	Length of Test 20 hrs	Bbls. Condensate/MMCF Light Spray	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Flow.) 326 (PC) 472 (MV)	Casing Pressure (Shut-in) 1191 (PC) 1150 (MV)	Choke Size 1/4" (PC) 5/16" (MV)
One point back pressure			

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
(Signature)
Engineer
(Title)
11-8-76
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY Original Signed by A. E. Kendrick
TITLE _____

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 multiple