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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 Dugan Production Corp.		
Address Box 234, Farmington, NM 87401		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sherman Edward	Well No. 2B	Pool Name, Including Formation Gobernador Pictured Cliffs	Kind of Lease State, Federal or Fee Federal	Lease No. NM 23048
Location Unit Letter <u>O</u> ; <u>940</u> Feet From The <u>South</u> Line and <u>2070</u> Feet From The <u>East</u> Line of Section <u>3</u> Township <u>29N</u> Range <u>5W</u> , NMFM, <u>Rio Arriba</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)	
Inland Corporation	P.O. Box 1528, Farmington, NM 87401	
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)	
Northwest Pipeline	P. O. Box 1526, Salt Lake City, UT 84110	
If well produces oil or liquids, give location of tanks.	Unit O	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	X					
Date Spudded 9-26-77	Date Compl. Ready to Prod. 10-25-77	Total Depth 5758'	F.B.T.D. 5720'					
Elevations (DF, RKB, RT, GR, etc.) 6401 GR	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 3212'	Tubing Depth 3373' RKB					
Perforations 1jet/2 ft. 3316-3380', 3212-30', 3236-48', total of 49 holes.			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8"	249'	150					
7-7/8"	5-1/2"	5758'	1188 cu ft.					
	1-1/4"	3373' RKB						

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 1103 AOF	Length of Test 3 hrs	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) One point back pressure	Tubing Pressure (Shot-in) 1065 SI	Casing Pressure (Shot-in) 1090 SI	Choke Size 3/4"

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. K. Jant
(Signature)
Geologist
(Title)
11-22-77
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY Original Signed By A. R. Mendrick

TITLE SUPERVISOR

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.