

DEPARTMENT OF REVENUE	4
DISTRIBUTION	
STATE	1
FILE	1
U.S.S.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS
OPERATOR	1
PERMISSION 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-105  
Effective 1-1-65

I. Dugan Production Corp.  
P. O. Box 234, Farmington, New Mexico 87401  
Reference for filing (Check proper box) Other (Please explain)  
New Well ☐ Change in Transporter of: Oil ☒ Dry Gas ☐  
Recompletion ☐ Casinghead Gas ☐ Condensate ☐  
Change in Ownership ☐ Change in Transporter of Oil  
Effective 5-17-73

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE  
Well Name Malco Copple Well No. 2 Pool Name, Including Formation Verde Gallup Kind of Lease Fed. Lease No. SF 080212  
Location  
Unit Letter C 360 Feet From The North Line and 1650 Feet From The West  
Line of Section 5 Township 30N Range 15W , NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Thriftway Company Address (Give address to which approved copy of this form is to be sent)  
P. O. Box 1367, Farmington, New Mexico 87401  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐  
Address (Give address to which approved copy of this form is to be sent)  
If well produces oil or liquids, give location of tanks. Unit F Sec. 5 Twp. 30N Rge. 15W 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.  
Date Spudded ☐ Date Compl. Ready to Prod. ☐ Total Depth ☐ P.B.T.D. ☐  
Elevations (DF, RKB, RT, GR, etc.) ☐ Name of Producing Formation ☐ Top Oil/Gas Pay ☐ Tubing Depth ☐  
Perforations ☐ Depth Casing Shoe ☐  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE ☐ CASING & TUBING SIZE ☐ DEPTH SET ☐ SACKS CEMENT ☐

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 ☐ Length of Test ☐ Bbls. Condensate/MMCF ☐ Gravel/MCF ☐  
Testing Method (pilot, back pr.) ☐ Tubing Pressure (shut-in) ☐ Casing Pressure (shut-in) ☐ Choke Size ☐

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)  
Engineer  
(Title)  
5-22-73  
(Date)  
OIL CONSERVATION COMMISSION  
APPROVED MAY 23 1973, 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.