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TRANSPORTER	OIL	
	GAS	
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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

API 30-045-22769

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:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input 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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Five of Diamonds	Well No. #1	Pool Name, Including Formation Wildcat - Pictured Cliffs	Kind of Lease State, Federal or Fee Federal	Lease No. NM-030555A
Location Unit Letter <u>C</u> ; <u>810'</u> Feet From The <u>North</u> Line and <u>1450'</u> Feet From The <u>West</u> Line of Section <u>10</u> Township <u>30 North</u> Range <u>13 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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas Co.</u>	<u>Box 990 Farmington, NM 87401</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <u>No</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.
		X	X					
Date Spudded 3-23-78	Date Compl. Ready to Prod. 4-11-78	Total Depth 1830'	P.B.T.D. 1771'					
Elevations (DF, RKB, RT, GR, etc.) 5720' GR	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 1708'	Tubing Depth					
Perforations 1708' - 1716'			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
8-3/4	7"	34'	6 SX					
4-3/4	2-7/8"	1806' GR	165 sx					

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-Bble.	Water-Bble.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 252 AOF	Length of Test 3 hrs	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) One point back pressure	Tubing Pressure (shut-in)	Casing Pressure (shut-in) 575 SI	Choke Size 5/8"

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

Petroleum Engineer

(Title)

3-5-79

(Date)

OIL CONSERVATION COMMISSION

MAR 6 1979

APPROVED

Original Signed by A. R. Kendrick

BY

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 all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of ownership, well name or number, or transporter, or other such change of conditions.

Separate Forms C-104 must be filed for each pool in multiple completed wells.