4-NMUCU 1-El Paso 1-File HO. OF COPIES RECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 Supersedes Old C-104 and C-110 REQUEST FOR ALLOWABLE SANTA FE Effective 1-1-65 AND FILE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS U.S.G.S. LAND OFFICE OIL TRANSPORTER GAS API 30-045-23209 OPERATOR PRORATION OFFICE Operator Dugan Production Corp. Address Box 234, Farmington, NM 87401 Other (Please explain) Reason(s) for filing (Check proper box) Change in Transporter of: New Well Dry Gas OIL Recompletion Condensate Casinghead Gas Change in Ownership If change of ownership give name and address of previous owner. II. DESCRIPTION OF WELL AND LEASE | Well No. | Pool Name, Including Formation Kind of Lease 4465 NM Harper Hill Fruitland PC Fed 4 Mayre Location East Feet From The South Line and 800 790 County , NMPM, <u>San Juan</u> 30N 14W Range 27 Township Line of Section Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas XXX Box 990, Farmington, NM 87401 Is gas actually connected? When El Paso Natural Gas Co. P.ge. Twp. Sec. If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: Same Res'v. Diff. Res'v. V. COMPLETION DATA Plug Back New Well Gas Well Designate Type of Completion - (X) X Total Depth Date Compl. Ready to Prod. Date Spudded 1207 Tubing Depth 1240' 3-8-79 9-18-78 Top Oil/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) 1136 740 5542' GR Fruitland PC Depth Casing Shoe Perforations 740-750 1130-1140 TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE 37' 6.sx5-1/2" 7-7/8" 90 sx 1230' 2-7/8" 4-3/4" 1-1/4" 1136' (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Siz Casing Pressure Tubing Pressure Length of Test Water - Bbls. Oil - Bbls. Actual Prod. During Test COM Gravity of Charles **GAS WELL** Bbis. Condensate/MMCF Length of Test Actual Prod. Test-MCF/D 24 hrs. Tubing Pressure (Shut-in) 271 MCF Testing Method (pitot, back pr.) Choke Size Casing Pressure (Shut-in) 37 Back Press OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE

SUPERVISOR DISTRICT # 3 This form is to be filed in compliance with RULE 1104.

APPROVED_

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.

(Title)

7-25-79

Thomas A. Dugan President

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.

AUG 1 5 1979

Original Signed by A. R. Kendrick

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.