11-14-79 (Date)

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ſ	NO. OF COPIES RECEIVED		14	
	DISTRIBUTION			
	SANTA FE			
	FILE U.S.G.S.			
	LAND OFFICE			
	TRANSPORTER	OIL		
	-	GAS		
	OPERATOR		[/	
I.	PRORATION OFFICE			
	Operator			
-	Dugan Prod			

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	SANTA FE	REQUEST F	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65			
	FILE /	AUTUODIZATION TO TRAI	AND NSPORT OIL AND NATURAL	CAS			
1	U.S.G.S. '	AUTHORIZATION TO TRAI	NSFORT OIL AND NATURAL	GAS			
	OIL	4					
	TRANSPORTER GAS /	]	,	NPI 30-045-23675			
	OPERATOR	]					
1.	PRORATION OFFICE						
	Operator Dugan Produc	Dugan Production Corp.					
	Address						
	Box 208, Far	rmington, NM 87401					
, ,	Reason(s) for filing (Check proper box		Other (Please explain)				
	New We!1	Change in Transporter of:					
	Recompletion	Oil Dry Gas  Casinghead Gas Conden:	77				
	Change in Ownership	Cashiqued 315					
	If change of ownership give name and address of previous owner						
	•						
II.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	ormation Kind of Lea	se Lease No.			
	Pan Am Fed	1F Basin Dakota	State, Feder	ral or Fee Fed SF 081231-B			
	Location Tall Am Tea						
	Unit Letter D ; 50	00 Feet From The North Line	e and 800 Feet From	The West			
			San I	lian County			
	Line of Section 24 To	wnship 30N Range 1	14W , NMPM, Sall U				
11	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S				
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appr	oved copy of this form is to be sent)			
		Day Can Fil	Address (Give address to which appr	oved copy of this form is to be sent)			
	Name of Authorized Transporter of Ca Northwest Pipe		Box 90, Farmington				
		Unit Sec. Twp. P.ge.	Is gas actually connected?	hen			
	If well produces oil or liquids, give location of tanks.		No				
		ith that from any other lease or pool,	give commingling order number:				
IV.	COMPLETION DATA		New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.			
	Designate Type of Completi		X .				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	10-10-79	10-31-79	6510'	6477'			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	6510' GL	Basin Dakota	6239'	6337 Depth Casing Shoe			
	Perforations	6258-6270', 6335-6351'					
	0239-0249 ,	TUBING, CASING, AND	CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	12-1/4"	8-5/8"	216' RKB	150 sx			
	7-7/8"	4-1/2"	6511' RKB	325 sx 1st stage			
			6337'	— 500-sx 2nd stage			
	The state of the s	1-1/2" COD AT LOWARIE (Test must be a	fter recovery of total volume of load o	il and must be equal to or exceed top allow			
V.	TEST DATA AND REQUEST F	able for this de					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	uji, eic.)			
		Tubing Pressure	Casing Pressure	Choke Size			
	Length of Test	I doing Pleaseme					
•	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF			
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	Actual Prod. Test-MCF/D	3 hrs					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
	Back Pressure	1810	1810	3/4"			
VI.	CERTIFICATE OF COMPLIAN	NCE The state of t	OIL CONSER	ATION COMMISSION			
			SUPERVISOR DISTRICT # #  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.				
		regulations of the Oil Conservation with and that the information given					
	above is true and complete to the	he best of my knowledge and belief.					
	/ //						
		- 01					
	S.A. ALUA	Www.					
	Thomas A. Dugan	nature)					
		Figure Figure 2					
		itle)	able 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.