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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

30-045-23942

Operator Dugan Production Corp.	
Address Box 208, 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"/> Dry Gas <input type="checkbox"/>
Change In Ownership <input type="checkbox"/>	Casinghead 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 Jacobs	Well No. 2	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Fed	Lease No. NM 33050
Location Unit Letter <u>G</u> ; <u>1800</u> Feet From The <u>North</u> Line and <u>1800</u> Feet From The <u>East</u>				
Line of Section <u>26</u> Township <u>30N</u> Range <u>14W</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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 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) Box 90, Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 26
	Twp. 30N	Rge. 14W
	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 12-2-79	Date Compl. Ready to Prod. 1-7-79		Total Depth 6180'		P.B.T.D. 6159'			
Elevations (DF, RKB, RT, GR, etc.) 5620' GL	Name of Producing Formation Basin Dakota		Top Oil/Gas Pay 5872'		Tubing Depth 6027'			
Perforations 5872-5894', 5940-5956', 6016-6034', 6112-6122'					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		206' RKB		190 SX			
7-3/4"	4-1/2"		6183' RKB		825 SX			
	1-1/2"		6027'					

## 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)

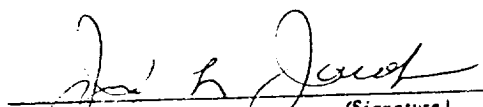
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	

## GAS WELL

Actual Prod. Test-MCF/D 1919	Length of Test 3 hrs	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 2005 SI	Casing Pressure (Shut-in) 2015 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.

  
Jim L. Jacobs (Signature)  
Geologist (Title)  
1-18-80 (Date)

OIL CONSERVATION COMMISSION  
JAN 22 1980

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY Original Signed By FRANK L. CHAVEZ

TITLE SUPERVISOR DISTRICT # 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 allowance 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.