

4 - NMOCD 1 - Northwest Pipeline 1 - File
 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

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

Operator
 Dugan Production Corp.
 Address
 P O Box 208, Farmington, NM 87401
 Reason(s) for filing (Check proper box)
 New Well Change In Transporter of:
 Recompletion Oil Dry Gas
 Change In Ownership Casinghead Gas Condensate
 Other (Please explain)

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE
 Lease Name: Horace Smith Well No.: #1R Pool Name, including Formation: Basin Dakota Kind of Lease: Fed. Lease No.: NM0206994
 Location: Unit Letter I, 1640' Feet From The South Line and 1120' Feet From The East
 Line of Section 26 Township 30N Range 14W, NMPM, San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
 Northwest Pipeline Corp. ~~Island Corp.~~ 3539 E. 30th St., Farmington, NM 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 I Sec. 26 Twp. 30N Rge. 14W Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA

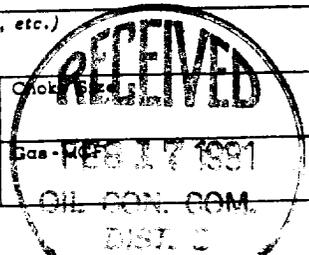
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		XX	XX					
Date Spudded: 9-30-80	Date Compl. Ready to Prod.: 1-18-81	Total Depth: 6150'	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.): 5583' GL	Name of Producing Formation: Dakota	Top Oil/Gas Pay: 5844	Tubing Depth: 5991' RKB					
Perforations: 5844-52, 5961-77, 6029-35, 6061-67 1 shot/2 ft.			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/2"	8-5/8"	259' RKB	150 sx class B w/ 2% CaCl
7-7/8"	4-1/2"	6144' RKB	1st stage 531 cu.ft.
1-1/4"	1-1/4"	5991' RKB	2nd stage 1222 cu.ft.

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: 3996 AOF	Length of Test: 3 hrs	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.): back pr.	Tubing Pressure (shut-in): 1360 psig	Casing Pressure (shut-in): 1831 psig	Choke Size: 3/8"

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.

(Signature) Jim L. Jacobs
 Geologist
 (Title)
 2-16-81
 (Date)

OIL CONSERVATION COMMISSION
 FEB 19 1981
 APPROVED _____, 19____
 Original Signed by FRANK T. CHAVEZ
 BY _____
 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 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.