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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

4 - NMOCD 1 - El Paso Nat. Gas 1 - Inland 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

Operator Dugan Production Corp.	
Address P O Box 208, Farmington, NM 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input 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"/>
CORRECTION OF TRANSPORTERS	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Horace Smith	Well No. #1R	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Fed.	Lease No. NM 0206994
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				

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)	
Inland Corporation	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)	
El Paso Natural Gas Co.	Box 990, Farmington, NM 87401	
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:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
		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 per 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.			
					2nd stage 1222 cu.ft.			
1-1/4"	1-1/4"		5991' RKB					

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 pressure	Tubing Pressure (Shut-in) 1360 psig	Casing Pressure (Shut-in) 1831 psig	Choke Size 3/8"

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.


(Signature) Jim L. Jacobs
Geologist
(Title)
5-7-81
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 7 1981, 19
Original Signed by FRANK T. CHAVEZ
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 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.