

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	2
PRORATION OFFICE	

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

BT.

I. **Operator**
Thomas A. Dugan

Address
Box 234, Farmington, New Mexico

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 **Curtis J. Little, 2929 Monte Vista N.E., Albuquerque, New Mexico**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Horseshoe	Well No. 280	Pool Name, including Formation Horseshoe Gallup	Kind of Lease State, Federal or Fee Indian
Location: Unit Letter A ; 990 Feet From The North Line and 990 Feet From The East Line of Range 27 North 31 North Range 16 West, NMPM, San Juan County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil, Gas, or Condensate PERMIT INLAND TRUCKING, INC.	Address (Give address to which approved copy of this form is to be sent) Box 1528, Farmington, N. M.
Name of Authorized Transporter of Casinghead Gas or Dry Gas CLYDE C. LAMAR, PRESIDENT INLAND CORPORATION	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 A Sec. 27 Twp. 31N Rge. 16W	Is gas actually connected? No 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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12-23-64	Date Compl. Ready to Prod. 3-14-65	Total Depth 1660	P.B.T.D. 1640					
Pool Horseshoe	Name of Producing Formation Gallup	Top Oil/Gas Pay 1483	Tubing Depth 1623					
Perforations			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 9 1/2" 6 3/4"	CASING & TUBING SIZE 7 5/8" 4 1/2" 2 3/8" O.D.		DEPTH SET 32' 1656 1623		SACKS CEMENT 8 sx 100 sx			

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 3-14-65	Date of Test 3-14-65	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hrs.	Tubing Pressure --	Casing Pressure 5 psi	Choke Size --
Actual Prod. During Test 75 bbls.	Oil-Bbbls. 75 bbls.	Water-Bbbls. No	Gas-MCF T.S.

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

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.

Original signed by **T. A. Dugan**

(Signature)

Operator

(Title)

3-15-65

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

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.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only 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.

