Submit 5 Cones 5 NMOCD Appropriate Landid Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Anesia, NM 88210

מיכדפורד זוי

State of New Mexico 1 File State of New Medical Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

1000 kio Brazos Rd., Aziec, NM 87410) REQUEST E	OR ALLOWA	ARI E ANIC	ALITHOR	にてなていへい				
1.		ANSPORT O							
Uperator						API No.			
DUGAN PRODUCTIO	N CORP								
P.O. Box 420, Farm	ington NM 8	7499							
Keason(s) for Filing (Check proper box)		7133	O	ther (Please expl	lain)				
New Well		n Transporter of:	G	as Transp	orter B	annon Ener	rav		
Recompletion	Oil L	Dry Gas		ffective		annon Ener	33		
Change in Operator If change of operator give name	Casinghead Gas	Condensate							
and address of previous operator					<u> </u>				
II. DESCRIPTION OF WELL	AND LEASE								
Lease Name	Well No.	CX Moreon			of Lease No. (Federal) or Fee CT 000000				
Sapp C		<u>Undes</u>	<u>. Gallup</u>		State	Taca d rec	ISF 080	230	
Location M	. 790	Feet From The S	outh	990		eet From The	West	•	
Unit Letter	_ :	_ rea riom the <u>~</u>	<u> п</u>	ne and	r	eel From The	- NCSC	Line	
Section 5 Townsh	ip 23N	Range 7W	, N	MPM, Ric	o Arrib	a	-,	County	
III. DESIGNATION OF TRAN	NSPORTER OF O	II AND NATI	IDAT CAS						
Name of Authorized Transporter of Oil	or Conder				ich approved	copy of this for	n is to be sen	1)	
Giant Refining Inc. (no change)				P.O. Box 256, Farmington, NM 87499					
Name of Authorized Transporter of Casin	ighead Gas XX	or Dry Gas	1			copy of this form			
Bannon Energy Inc.	Unit Sec.	Tum Doe	13934 FM	<u>1960 West</u>		<u>240, Hou</u>	ston,TX	77068	
If well produces oil or liquids, give location of tanks.	1 M 5	Twp. Rge. 23N 7W	Yes	ly comiscien?	When	 1-19-83			
If this production is commingled with that				iber:		1-13-03			
IV. COMPLETION DATA									
Designate Type of Completion	- (X)	Gas Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to	Prod	Total Depth	<u> </u>		P.B.T.D.	J	L	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe			
							ii.c.		
	TUBING,	CASING AND	CEMENTI	NG RECORI)	<u>'</u>			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
	 								
					-·· , -·· · · · · · · · · · · · · · · ·		 		
V. TEST DATA AND REQUES									
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test			exceed top allow ethod (Flow, pur			ull 24 hours.)	'	
	D 6. 762				7,6	,			
Length of Test	Tubing Pressure		Casing Press.	ıre		Choke Size			
			Water Phic			Car MCE			
Actual Prod. During Test Oil - Bbls.			Water - Bbls.			EFIVE			
CAC BELL					in		- IU:		
GAS WELL Actual Prod. Test - MCF/D	Length of Test		Bbls. Conden	=te/MMCF	nn n	19 10 191990	ensale		
					(4)	1 0 1 1000			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-	m)	Casing Pressu	ire (Shut-in)	OIL	CON: D	IV .		
	<u> </u>		 			DIST. 3			
VL OPERATOR CERTIFICA			(JII CON!	SERVA	ום אסודי	VISION	.1	
I hereby certify that the rules and regula Division have been complied with and the	OIL CONSERVATION DIVISION								
is true and complete to the best of my k	Date Approved MAY 0 7 1990								
						1	-		
in I feate				By But Chank					
Sim L. Jacobs		ologist Title	,		SUPERVI	SOR DISTR	ICT 44		
Printed Name	Title	·			101 #3				
		-1821 hone No.		10					
	•		• •						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

MAYOT 1930
UE CON. DIV.