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DISTRIBUTION		ISERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110
SANTA FE		OR ALLOWABLE AND	Effective 1-1-65
u.s.g.s.		SPORT OIL AND NATURAL GAS	5
LAND OFFICE	ACTION 12 TO THE		-
A TANKERORY SP. OIL			
TRANSPORTER GAS			
OPERATOR			<b>45</b> 8€ •
PRORATION OFFICE			
DUGAN PRODUCTION	CORP.		OII - 198
Address			OIL CON. DIST. 3
P 0 Box 208, Farm	nington, NM 87499		DIST
Reason(s) for filing (Check proper box)		Other (Please explain)	. 3
New Well	Change in Transporter of:	Change of	Pool Name and
Recompletion	Oil Dry Gas	[]	on of Gas Transporter
Change in Ownership	Casinghead Gas Condense	ate	
If change of ownership give name			
and address of previous owner			
DESCRIPTION OF SELL AND I	FASE		
DESCRIPTION OF WELL AND I	Well No.; Pool Name, including For		Lease No.
Fahrenheit	1 Counselors-Ga	11 up Dakota State, Federal o	Fee Fed NM24458
Location			
Unit Letter M : 66	Feet From The South ine	and 720 Feet From Th	e West
		D	
Line of Section 11 Tow	mship 23 N Range	6 W , NMPM, K10 Ari	TDG GGGM,
	COR OF OUL AND NATURAL CAS		
Name of Authorized Transporter of Cil	TER OF OIL AND NATURAL GAS	Address (Otto address to mitting approximately	
Giant Refining,	Ina (no change)	P O Box 256, Farmington	n, NM 87499
Name of Authorized Transporter of Cas	inghead Gas XX or Dry Gas	Address (Give address to which approve	d copy of this form is to be sent;
El Paso Natural	Gas Co.	P O Box 4990, Farmingto	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When	
give location of tanks.	M 11 23 N 6 W	No L	
If this production is commingled wit	th that from any other lease or pool, g	give commingling order number:	
. COMPLETION DATA	Oil Well Gas Well		Plug Back   Same Res'v. Diff. Res'v.
Designate Type of Completic	on = (X)		
Date Spudded		Total Depth	P.B.T.D.
Bate opadas			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
			Depth Casing Shoe
Perforations			Dopin Carring
	TUBING, CASING, AND	CEMENTING RECORD	
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLE SIZE	CASING & 102MG		
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be after able for this det	ter recovery of total volume of load oil a pth or be for full 24 hours)	nd must be equal to or exceed top attou
OIL WELL		Producing Method (Flow, pump, gas life	, etc.)
Date First New Oil Run To Tanks	Date of Test		
	Tubing Pressure	Casing Pressure	Choke Siza
Length of Test			
Actual Prod. During Test	OII-Bbis.	Water-Bbis.	Gas-MCF
Astal, producting 155			
GAS WELL		2000	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Glavity of Solidania
	Tubing Pressure (85 10 13)	Casing Practice (Factoria)	Choke Size
Testing Mathed (pitot, back pr.)	Tubing Preseuro (So 10 10)	Casing	
		OH CONSERVA	TION COMMISSION
I. CERTIFICATE OF COMPLIAN	CE	ll oir conserva	- DC 1
	the seattle Oil Commission	APPROVED	07/14184 19
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.		Srank	.Clark
		EY . Save 3	
		TITLE SUPERVISOR DISTROT # 3	
Original signed by		This form is to be filled in complicate with RULE 1104.	
Jim L. Jacobs		If this feet is to be then in a first this feet that wall, this feet could be some in the state of the state	est for an aly fall for by
	ing the second of the second o	water to solve the	er kang dan Subersulan Bandarah dan di Bandarah Bibangan Subersa
J166 C. UM UV)		Att a Mean of this for a sec	as no taken taken taken "
_ Grologist		1	11 -

(Tuile)\_\_ 6-5-24\_

(Date)

with on now and reconstitution of the state.

Fill out only Salvin. I, II, III, and VI for changes of ownswell name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply conglished salvin.