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Appropriate District Office 1 Texaco
DISTRICT I P.O. Box 1980, Hobbs, NM 88240

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

1 File State of New Mexico

Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructi

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III		Sa	nta Fe	, New M	exico 8750)4-2088					
1000 Rio Brazos Rd., Aziec, NM 87410						AUTHORIZ					
<u>. </u>		TO TRA	NSP	ORT OIL	AND NA	TURAL GA		API No.			
Operator DUGAN PRODUCTION	V CORP	•			· · · · · · · · · · · · · · · · · · ·						
Address P.O. Box 420, Farmin	ngton, l	NM 87	499								
Reason(s) for Filing (Check proper box)						es (Please expla		- 6 T			
New Well		Change in	•	(Z)			•	r from Tex			
Recompletion	Oil Casinghead	i Gas 🗌	Dry Ga Conden		Du	gan Prod	uction	Corp. effe	ctive I	-1-90 	
f change of operator give name Text Text	kaco Inc	., P.C). B	ox 2100	, Denve	r, CO 80	0201				
L DESCRIPTION OF WELL	AND LEA		,				1			ase Na	
Dome Federal 18-22-6 Well No. Pool Name, Inclu				ame, Includi				of Lease No. Federal or Fee NM 21455			
Location E		1760	.	om The	lorth	980	· E.	et From The	West	Line	
Unit Letter	- : 		real Fr					set From The			
Section 18 Township	p	22N	Range	6	W N	_{мрм,} San	doval			County	
II. DESIGNATION OF TRAN	RAL GAS Address (Give address to which approved copy of this form is to be sent)										
Name of Authorized Transporter of Oil	e of Authorized Transporter of Oil or Condensate					e address to wh	uch approved	copy of this form is to be sent)			
Name of Authorized Transporter of Casinghead Gas or Dry Gas [X] Dugan Production Corp.					Address (Give address to which approved copy of this form P.O. Box 420, Farmington, NM						
If well produces oil or liquids,	: -	Sec.	Twp.	Rge	Is gas actually		When		<u> </u>		
ive location of tanks.	<u> </u>			1							
this production is commingled with that f V. COMPLETION DATA	rom any oune	er lease or p			ing order minu	·					
Designate Type of Completion	- (X)	Oil Well	(as Well	New Well	Workover	D ес рев	Plug Back Si	ume Res'v	Diff Res'v	
Spudded Date Compl. Ready to Prod.				Total Depth			P.B.T.D.				
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Depth	Tubing Depth		
erforations					L			Depth Casing Shoe			
	Т1	UBING	CASIN	NG AND	CEMENTI	NG RECOR	D	1			
HOLE SIZE					DEPTH SET			SACKS CEMENT			
					<u> </u>						
. TEST DATA AND REQUES	T FOR A	LLOWA	BLE		h	exceed top allo	umble for this	is death or be for	full 24 hou	 rs.)	
IIL WELL (Test must be after recovery of total volume of load oil and must late First New Oil Run To Tank Date of Test					t be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)						
					Casing Pressu		***	Choke Size			
ength of Test	Tubing Pressure				Casing 1 icas	44	Ent				
Actual Prod. During Test Oil - Bbls.					Water - Bbls. Gas- MCF				الما		
GAS WELL					<u> </u>		- 07:111 	≭ 1000			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCOIL CONGraft A Condensate						
esting Method (pitot, back pr.)	Tubing Pres	enice (Sprit-	m)		Casing Pressu	re (Shut-in)	(DIS	Choke Size	:		
								<u> </u>			
L OPERATOR CERTIFICATE OF COMPLIANCE					OIL CONSERVATION DIVISION						
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information gives above is true and complete to the best of my knowledge and belief.					JAN: 0.4.1989						
					Date	Approved	3	<u></u>			
Signature 1					By Bin Shin						
I'm L. Jacobs Geologist Printed Name Title					SUPERVISOR DISTRICT #3						
1-3-90 325-1821					Title						

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

Date

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 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.