4 NMOCD

1 File

State of New Mexico

Energy, Minerals and Natural Resources Department

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

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

Submit 5 Corres

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DUGAN PRODUCTION Address P.O. Box 420, Farm						API No.			
P.O. Box 420, Farm	ON COR	Р.			30-	045-26629			
					·· - · · · · · · · · · · · · · · · · · · ·				
		NM 8	7499						
Reason(s) for Filing (Check proper box)				Other (Please exp	lain)				
New Well			Transporter of:	Eff ectiv e	5-1-90				
Recompletion	Oil		Dry Gas 📙						
Change in Operator	Casinghe	ad Gas	Condensate						
If change of operator give name and address of previous operator									
IL DESCRIPTION OF WELL	ANDIE	ACE							
Lease Name	AUDLE	Well No.	Pool Name, Include	ding Formation	Kind	of Lease	1 1	ease No.	
Squaw Valley		1		h Bisti Gallup		Federal or Fee	1	-14-20-	
Location		<u></u>		<u>'</u>	Nava	jo Allott	ed)	7310	
K	2310)	Er of Errors The	South 221	0		West	Line	
Unit Letter	_ :		Feet From The	Line and	r	et From The		Line	
Section 4 Townsi	23N		Range 10W	, NMPM,	San Juan			County	
						<u> </u>			
III. DESIGNATION OF TRAI	VSPORTE								
	ame of Authorized Transporter of Oil XX or Condensate				Address (Give address to which approved copy of this form is to be sent)				
Giant Refining Inc.				P.O. Box 256, F					
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas				Address (Give address to which approved copy of this form is to be sent) P.O. Box 420, Farmington, NM 87499					
	Ougan Production Corp. (no change)				· · · · · · · · · · · · · · · · · · ·				
give location of tanks.	ell produces oil or liquids, Unit Sec. Two Rgs ocasion of tanks. K 4 23N 110W			Yes When ! 3-31-86					
If this production is commingled with that	from any ou	her lease or	pool give comming	ling order number.					
IV. COMPLETION DATA			F						
		Oil Well	Gas Well	New Well Workover	Deepen	Plug Back Sa	me Res'v	Diff Resiv	
Designate Type of Completion	- (X)	1	1			L		1	
Date Spudded	Date Com	pl. Ready to	Prod.	Total Depth		P.B.T.D.			
	<u> </u>			T OUG D		_			
Elevations (DF, RKB, RT, GR, etc.)	Name of P	roducing Fo	ormation	Top Oil/Gas Pay		Tubing Depth			
Perforations	<u></u>					Depth Casing Shoe			
	7	UBING.	CASING AND	CEMENTING RECOR	D	<u> </u>			
11015 6175	· · · · · · · · · · · · · · · · · · ·	SING & TU		DEPTH SET		SA	CKS CEME	NT	
HOLE SIZE			CHILD SILL						
HOLE SIZE			CHO SILL						
HOLE SIZE			CATO SIZE						
HOLE SIZE			and Size						
V. TEST DATA AND REQUE		LLOWA	ABLE				£ !! 24 b		
V. TEST DATA AND REQUES OIL WELL (Test must be after t	ecovery of to	ALLOW A	ABLE	be equal to or exceed top allo		depth or be for	full 24 hour	r.)	
V. TEST DATA AND REQUE		ALLOW A	ABLE			depth or be for	full 24 kour	x.)	
V. TEST DATA AND REQUE: OIL WELL (Test must be after to Date First New Oil Run To Tank	Date of Te	ALLOW A stal volume o	ABLE	be equal to or exceed top allo		depth or be for	full 24 how	1.)	
V. TEST DATA AND REQUE: OIL WELL (Test must be after to Date First New Oil Run To Tank	ecovery of to	ALLOW A stal volume o	ABLE	be equal to or exceed top allo Producing Method (Flow, pu		depth or be for	full 24 hour	x.)	
V. TEST DATA AND REQUE: OIL WELL (Test must be after to Date First New Oil Run To Tank	Date of Te	ALLOW A stal volume o	ABLE	be equal to or exceed top allo Producing Method (Flow, pu		depth or be for	IVE	s.)	
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V. TEST DATA AND REQUES OIL WELL (Test must be after to Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Testing Method (pitot, back pr.) VI. OPERATOR CERTIFIC I hereby certify that the rules and regul	Date of Te Date of Te Tubing Pre Oil - Bbis. Length of Tubing Pre ATE OF	ALLOWA Idal volume of Idal saure Saure COMP Oil Conserv	ABLE of load oil and must in) LIANCE	be equal to or exceed top allo Producing Method (Flow, put Casing Pressure Water - Bbls. Bbls. Condensate/MMCF	omp. gas lift, e	depth or be for c.) Gas APR 2 7 OIL CON Gravity DIST Choke Size	1990 1. DIV	D	
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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.

VICE NOD HO

ingered (Sentiment) Description (Sentiment)

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