4 NMOCD

Submit 5 Copies
Appropriate District Office
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DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

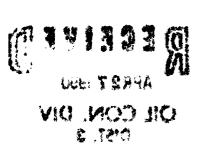
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

								Weil API No.			
DUGAN PRODUCTION CORP.								30-045-26769			
P.O. Box 420, Farm	ington,	NM 8	7499	)							
Reason(s) for Filing (Check proper box)					□ O	ther (Please exp	lain)				
New Well	O:1	Change in	•		Effective 5-1-90						
Recompletion	Oil X Dry Gas Casinghead Gas Condensate										
If change of operator give name			,				<del> </del>		<del></del>		
and address of previous operator	ANDSE	LCC				<u>-</u>					
IL DESCRIPTION OF WELL Lease Name	L AND LEASE Well No.   Pool Name, Inc.			Name, Includ	uding Formation			ind of Lease		Lease No.	
Louie Louie	ie Louie			Bisti Gallup Sout			i	State, Federal or Fee		8505-1062	
Location	. 2290				Ca+h	710	`	avajo All	, ,		
Unit Lener	_ :		_ Feet l	From The _	South L	ne and		_ Feet From The	Wes	tLine	
Section 8 Townshi	23N		Range	e 9W	, N	ıмрм, San	Juan			County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL Al	ND NATU	RAL GAS						
Name of Authorized Transporter of Oil	[XX]	or Conder					hich appro	oved copy of this	form is to be s	rent)	
Giant Refining Inc.					P.O. Box 256, Farmington, NM 87499  Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casin Dugan Production Corn		(XXI hange)	or Dr	y Gas [	P.O. E	se address to will Box 420. I	<i>hich appro</i> Farmin	<i>wed copy of this</i> igton, NM	<i>form is to be s</i> 87499	ent)	
If well produces oil or liquids,		Sec.	17wp. 23N	Rge	is gas actual	ly connected?		hen ?			
give location of tanks.	<u> </u>	8	<u> </u>		Yes				7-20	0-87	
If this production is commingled with that IV. COMPLETION DATA	from any othe	r lease or	pool, g	ive comming	ling order num	iber:		<del>v= -, -, -, -</del>			
		Oil Well	1	Gas Weil	New Well	Workover	Deepe	n Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		1	Ļ		Taral Darah	<u> </u>	1		<u>.l</u>		
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			<b>a</b>	Top Oil/Gas Pay			Tubing Depth			
Perforations					<u> </u>			Depth Casi	Depth Casing Shoe		
		IDDIC	CAST	NG AND	CE) CE) TO	NG DECOR					
HOLE SIZE	1				CEMENTING RECORD  DEPTH SET			i	SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE				DEF IN SET			SACKS SEMERY			
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE			<del></del>					
OIL WELL (Test must be after re	covery of LOU	ul volume d	of load	oil and must							
Date First New Oil Run To Tank	Date of Test				Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Pressure Choke Si						
A and David During Test	O' PI				Water - Bbls			Gas- MCF	APR2 7 1990		
Actual Prod. During Test Oil - Bbls.					Water - Boile			OIL CON. DIV			
GAS WELL				······································					DI	ST. 3	
Actual Prod. Test - MCF/D	Length of Te	<b>:</b> £1			Bbls. Conden	=1e/MMCF		Gravity of	Condensate		
esting Method (pitot, back pr.) Tubing Pressure (Shut-m)					Casing Pressure (Shut-in)			Chake Size	Choke Size		
esting method (place, back pr.)	menon (puot, back pr.)										
VL OPERATOR CERTIFICA	ATE OF	COMPI	LIAN	NCE		211 0011		/ATION	D. // O. /		
I hereby certify that the rules and regular						JIL CON	SER	VATION APR 2	DIVISIC * 1000	אנ	
Division have been complied with and the is true and complete to the best of my kn			a mocre	-	D=4=	A	a a	ri π, κζ	1 1330		
	-				Date	Approved	7		1	·	
for I freest					By						
Signature Jim L. Jacobs	-	Geo	ologi	ist	-, _		<del>SU</del> F	PERVISOR	DISTRICT	13	
Printed Name  A = 26 = 90					Title						
Date			= 1.87 bone N		1	4	. >		<del></del> · .		

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.



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