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Form C-104 Revised 1-1-89

Energy, Minerals and Natural Resources Department 1. Chorney

See Instructions at Bottom of Page

P.O. Box 1980, Hobbs, NM 88240

Submit 5 Copies
Appropriate District Office
DISTRICT I

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator
DUGAN PRODUCTION CORP. Well API No. 30-045-26890 P.O. Box 420, Farmington, NM 87499 Reason(s) for Filing (Check proper box) X Other (Please explain) New Well Change in Transporter of: Dry Gas Recompletion Oil GAS CONNECTED 11-2-88 Change in Operator \square Condensate Casinghead Gas If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No. Champ State, Federal or Fee South Bisti Gallup NM 42059 Location 660 Feet From The North Line and 660 Unit Letter _ East 23N Township Range 10W , NMPM, San Juan County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) or Condensate XX Conoco, Inc. (no change) P.O. Box 1429. Bloomfield, NM 87413 Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas XX **Dugan Production Corp.** P.O. Box 420, Farmington, NM 87499 (no change) Unit If well produces oil or liquids, Rge. Is gas actually connected? When? Twp. give location of tanks. 11-2-88 5 23N 10W Yes If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) Date Spudded Total Depth Date Compl. Ready to Prod. P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay **Tubing Depth** Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE SACKS CEMENT DEPTH SET V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) Date First New Oil Run To Tank Producing Method (Flow, pump, gas lift, etc.) Date of Test Casing Pressure Choke Size Length of Test Tubing Pressure Water - Bbls. Actual Prod. During Test Oil - Bbls ு மேற்றி **GAS WELL** Length of Test Actual Prod. Test - MCF/D Bbis. Condensate/MMCF Gravity of Condensate Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Testing Method (pitot, back pr.) VL 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 given above is true and complete to the best of my knowledge and belief. MAY 1 0 1989 Date Approved _ By. Signature SUPERVISION DISTRICT #3 <u>Geologist</u>

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

325-1821

<u>Jim L</u>

Date

5-9-89

Printed Name

<u>Jacobs</u>

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

Title

All sections of this form must be filled out for allowable on new and recompleted wells.

Title

Telephone No.

- 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.