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Subimi 5 Corres Appropriate District Office

P.O. Dux 1980, Hobbs, NM 88240

DISTRICT I E.O. Leawer DD, Anena, NM 88210

1 File State of New Mexico

Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-29
See Instructions
at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aziec, NM 87410	BEO!	IEST F	OR AI	I OWA	RIFAND	AUTHOF	RIZATION			
1.						ATURAL G				
(Úрега10)							Well	API NC.		
DUGAN PRODUCTIO	N CORF	·					30	-039-211	125	
Address P.O. Box 420, Farm	inaton	NM 8	7499							
keason(s) for Filing (Check proper box)	ington,		7735		o	ther (Piease ex	olain)		<del> </del>	
New Weil			n Transpo		F-	ffective	F 1 00			
Recompletion	Oil Casinghea		Dry Ga		Ŀ	riective	3-1-90			
If change of operator give name										
and address of previous operator  H. DESCRIPTION OF WELL	ANDIE	A CE								
Less Name   la Otero	Well No.   Pool Name, Inclu				7:11 - F :			of Lease No. Federal or Fee Jicarilla		
Location D	790			NI.	onth	200				act #12
Unit Letter	_ :		_ Feet Fr	om The	orth L	ne and <u>890</u>	Fe	et From The	West	Line
Section 27 Townsh	ir	24N	Kange	5W	, }	VMPM_	Rio	Arriba		County
III. DESIGNATION OF TRAN	SPORTE	R OF C	IL AN	D NATU	RAL GAS	;				
Name 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.   Name of Authorized Transporter of Casinghead Gas   XX			D	C 🗀	P.O. Box 256, Farmingto Address (Give address to which approved					
El Paso Natural Gas C	thead Gas (XX) or Dry Gas () O. (no change)					Box 4990,				
If well produces oil or liquids, give location of tanks.	Unit	Sec. 27	17wp.	Rgc   5W		lly connected?	When			
If this production is commingled with that	11		<u> </u>	<del></del>	·	niber:				
IV. COMPLETION DATA	<u>.</u>									
Designate Type of Completion	- (X)	Oil Wel	1   0	as Well	New Well	Workover	. D <del>ес</del> реп	Plug Back	Same Res'v	Diff Res'v
Date Spurided	Date Comp	ol. Ready t	o Prod.		Total Depth	J	1	P.B.T.D.	L	
Elevation: (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Depth		
Elevation [21], Ittal, III, Oil, Et.)										
Ferioranous								Depth Casin	g Shoe	
TUBING, CASING AND					CEMENT	ING RECOR	RD			
HOLE SIZE	SIZE CASING & TUBING SIZE				<u> </u>	DEPTH SET	<u> </u>	SACKS CEMENT		
			<del></del>	<del> </del>	1			i -		
					<u> </u>			i		
V. TEST DATA AND REQUES	T FOD A	HOW	ARIF					<u> </u>		
OIL WELL Test must be other r				il and must	be equal to o	exceed top all	lowable for this	depth or be j	for full 24 hou	rs.)
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pre	SDITE			Casing Press	aure		Choke Size	(4) (4) (7)	<u> </u>
										nil
Actual Prod. During Test	ual Proof. During Test Oil - Bbls.							Gase MCF CONN. DIV.		
GAS WELL	!							<u> </u>	0187.	<u>, ८१४.                                     </u>
Actual Proof. Test - MCF/D	Length of Test				Bbls. Conde	DEIL MMCF		Gravity of Condensate		
	Tubing Fressure (Sout-m)			Casing Pressure (Sout-in)			Choke Size	· · · · · · · · · · · · · · · · · · ·		
Testing Method (puot, back pr.)	Tubing Fre	seure (Sou	i-m)		Cating Fres	are (South)		Choke Size		
VI. OPERATOR CERTIFIC	ATE OF	COMI	ILIAN	CE		011 001	JOED!	TION	D. ((C)C	
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION					
Divince have been complied with and that the information gives above is true and complete to the best of my knowledge and belief.					APR 2 7 1990  Date Approved					
					ا	- While		. \ .	~! /	•
Signature					By Bull Charl					
Jim L. Jacobs Geologist					SUPERVISOR DISTINCT #3					
Printed Name 4-26-90		37	Tale 5-1.87	1 _	Title					
Date			minane No		11	4			·	

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.
- The server Flows Collect must be filled for each problem multiply on a clear dividing