5 NMOCD

Submit 5 Copies
Appropriate District Office
DISTRICT J
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 Instructions
at Bottom of Page

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

1.		UTHA	MSP	UKT UII	L AND NA	TUHALG		API No.			
Operator DUGAN PRODUCTI	ON CORP						WEII	API NO			
Address	ON CORP										
P.O. Box 420, Far	mington, l	VM 87	499								
Reason(s) for Filing (Check proper ba					Oth	er (Please exp	lain)				
New Well		Change in									
Recompletion		Oil Dry Gas Effective 5-1-90 Casinghead Gas Condensate XX									
Change in Operator U	Cashgireau	<u> </u>	COBOCI	INTE OV							
and address of previous operator											
IL DESCRIPTION OF WEL											
Lease Name NCRA		Well No.	Pool N		ing Formation n Dakota		Kind of Lease Lease No. State, Federal or Fee SF 079161				
Location A	. 790		Engl En	on The _	orth	e and89(). F	et From The	East	Line	
3	26N		Range	7W	NMPM, Rio Arriba County						
	· . • · · · · · · · · · · · · · · · · ·	. OF O		D N/4 27 /		VII 174		·			
III. DESIGNATION OF TRA Name of Authorized Transporter of Oi		or Conden	Cile .		Address (Giv	e address to w	hich approved	copy of this)	form is to be s	ent)	
Giant Refining Inc.				[XX]	1	x 256, F					
Name of Authorized Transporter of Ca				Gas XX	Address (Giv	e address to w	hich approved	copy of this j	form is to be s	ent)	
El Paso Natural Gas		chang	ge) Two	l Por	Is gas actuall	v connected?	When	,			
If well produces oil a: liquids, give location of tanks.	Unit I.	Sec. 3	26N	7W	yes	y comearen	i when		-29-60		
f this production is commingled with the	hat from any othe	r lease or p	oool, giv	e comming!	ing order numi	ber.					
V. COMPLETION DATA		,					<u></u>		<u> </u>	birn ti	
Designate Type of Completion	on - (X)	Oil Well	0	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl	. Ready to	Prod.		Total Depth	L	I,	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	xtucing Fo	mation		Top Oil/Gas Pay			Tubing Depth			
Perforations							Depth Casing Shoe				
					CEMENTI	NG RECOR		<u> </u>	SACKS CEMENT		
HOLE SIZE	CAS	CASING & TUBING SIZE				DEFIN 3E1			SAONS GENERY		
		· · · · · · · · · · · · · · · · · · ·									
			·								
The second second	ECT FOR A	. 1. 031//4	DIE		<u> </u>			<u> </u>			
V. TEST DATA AND REQU				il and must	he equal to or	exceed top all	owable for this	depth or he	for full 24-hou		
Date First New Oil Run To Tank	Date of Test	ul volume of load oil and must be				thod (Flow, pr) 25	ELA	
length of Test	Tubing Press	arre	-		Casing Pressu	ure		Choke State APR 27 1390			
Actual Prod. During Test	Oil - Bbls	Oil - Bbls.			Water - Bbls			GAF-MCF OIL CON. DIV			
GAS WELL			·		<u> </u>			1		51. 3	
Actual Prod. Test - MCF/D	Length of Te	est			Bbls. Conden	ste/MMCF		GAVINA	codensie	- 1	
									<u>-</u>		
esting Method (pitot, back pr.)	Tubing Press	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		·	
/L OPERATOR CERTIF	CATE OF	COMPI	JAN	CE							
I hereby certify that the rules and re-	guistions of the O	il Conserv	ation			OIL CON	ISERV	NON	DIVISIC	אכ	
Division have been complied with a	nd that the inform	sation give	ayoda n					APR Z	7 122U		
is true and complete to the best of m	ly knowledge and	bellet.			Date	Approve	d		_/-	,	
In 1 John							3	الد (Heary		
Signature		C			By_		SUPE	RVISOR	DISTRICT	#3	
Jim L. Jacobs			ologi: Tule	<u> </u>	Title						
4-26-90			-182		11111	70					
Date		Telep	bone No	3.	11	•					

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 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.

OR CON. DIV.

 Lease No. SF-079161

B. & R/ JAN281960 SERVICE, PROCEOM

TEMPERATURE SU

COMPANYE					
WELL#1 COUNTYRIQ					
SEC. 3	TWP	26N	RGE.	7W	
APPROX. TOP	CEMENT	251.0.!			
Survey Begins at Approx. Fill-Up Log Measured Fron	65%	Max. Temp.	125°		
Casing Size 5½ from from	to 29231	8 3 11 f	rom	_ to	
Date of Cementing Date of Survey Amount of Cement	1-22-60 150 SACKS		Time Type	7:00AM	
Amount of Admix				<u> </u>	

TEMPERATURE IN DEGREES FAHRENHEIT

