4 NMOCD

1 File

State of New Mexico

Submit 5 Copies

Appropriate District Offices — Fullerton Energy, Minerals and Natural Resources Department DISTRICT!

P.O. Box 1980, Hobbs, NM 88240

OII. CONSERVATION DIVISION

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

OIL CONSERVATION DIVISION P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

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

T	HEQ		OH ALLOV					ł			
I. Operator		TOTRA	NSPORT	OIL ANI	JNA	TUHAL		I API No.			
DUGAN PRODUCTION CORP.					W C				ATTING		
Address	JN COM	•					<u></u>				
P.O. Box 420, Farm	inaton.	NM 87	7499								
Reason(s) for Filing (Check proper box,					OU	her (Please exp	lain)			·	
New Well											
Recompletion]	Effective 6-1-92									
Change in Operator	Casingher	ad Gas 🏻	Condensate [J							
If change of operator give name and address of previous operator J6	erome P	. McHı	igh & As	soc.,	Ρ.	O. Box	809,	Farming	ton, N	M 87499	
II. DESCRIPTION OF WELL	L AND LE		,				_ _		· · · · · · · · · · · · · · · · · ·		
Lease Name							of Lease Federal or F	1	Lease No.		
Anabel B	1 Dufers			Poin	Point Gallup DK State				∞ NM 4	2421	
Location Unit Letter K	:18	60	Feet From The	Sout	<u>h</u> Lir	ne and16	80 1	Feet From The	West	Line	
Section 27 Township 25N Range					8W , ммрм, San J				Tuan County		
III. DESIGNATION OF TRA	NCPADTE	ያ ለፍ ለ፣	I AND NAT	riidai 4	CAC						
Name of Authorized Transporter of Oil	XX	or Condens				ve address to w	hich approve	d copy of this	form is to be s	ent)	
Giant Refining, I	1	Address (Give address to which approved copy of this form is to be sent) P.O. Box 256, Farmington, NM 87499									
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas					Address (Give address to which approved						
Dugan Production Corp.					P.O. Box 420, Farm						
If well produces oil or liquids, Unit Sec.			Twp. R		Is gas actually connected? When						
give location of tanks.	K	•	25N 8W	- -		•	i				
If this production is commingled with that IV. COMPLETION DATA	t from any oth	er lease or p	ool, give comm	ingling orde	t mm	ber:					
Designate Type of Completion		Oil Well	Gas Well	İ	Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	l. Ready to	Prod.	Total I	Total Depth			P.B.T.D.			
evations (DF, RKB, RT, GR, etc.) Name of Producing Form			mation	Top Oil/Gas Pay				Tubing Depth			
Perforations									Depth Casing Shoe		
	D CEME	CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
		ONOMIC OF TOUR									
	<u>.l</u>							<u> </u>	- 		
V. TEST DATA AND REQUE											
OIL WELL (Test must be after t			load oil and mi						Confull 24 hou	3)	
Date First New Oil Run To Tank	Date of Test				Producing Method (Flow, pump, gas lift, et						
Length of Test	Tubing Pres	sure		Casing Pressure				Show Sizuni 6 1992			
Actual Prod. During Test	Oil - Bbls.			Water -	Water - Bbla			"Off CON. DIV.			
GAS WELL							 		DIST. 3		
Actual Prod. Test - MCF/D	Length of To	est		Bbls. Co	ndens	ate/MMCF		Gravity of C	ondensate	<u>-</u>	
ing Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing 1	Casing Pressure (Shut-in)			Choke Size			
VI OPERATOR CERTICIC	ATE OF	COyani	IANCE	٦٢				 		J	
VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 bereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above					IIIN 1 C4000						
is true and complete to the best of my knowledge and belief.					Date ApprovedJUN 1 6 1992						
Los & Jana					~(O	pp.0400		. \ ~) /	· · · · · · · · · · · · · · · · · · ·	
Signature					By Sinh Chang						
Im L. Jacobs Geologist Printed Name Title					SUPERVISOR DISTRICT #3						
6/15/92 325-1821 Telephooe No.					111 0 _	4					
		•		- 11							

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