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Appropriate District Office
DISTPICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

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

I.		TO TRAN	ISPORT OI	L AND NA	ATURAL G	AS				
Operator DUGAN PRODUCTION CORP.							Well API No.			
Address			30-045-05670-0001							
P.O. Box 420, Farm	ington,	NM 8	7499							
Reason(s) for Filing (Check proper bax) Other (Please explain)										
New Well Recompletion	Change in Transporter of: Change of Ownership effective 9-1-89									
Recompletion U Oil Uny Cas U Change of Operator effective 11-1-89 Change in Operator X Casinghead Gas Condensate										
If change of operator give name and address of previous operator Chevron U.S.A. Inc., P.O. Box 599, Denver, CO 80201										
				.0. 00%	333, De	iiver, (20 8020	1		
IL DESCRIPTION OF WELL Lease Name				of Land No.						
West Bisti Unit	Well No. Pool Name, Includi 132 Bisti Low						of Lease (Federal or Fee	Tarland or East		
Location 132 Bisti Lower Gallup SE-07809								170031		
Unit Letter	_ :19	80 F	eet From The _	South _{Lii}	ne and <u>660</u>	F	et From The _	East	Line	
Section 28 Township 26N Range 13W , NMPM, San Juan County										
III DESIGNATION OF TRAN	ישדע העם:	D OE OH	A NITS NI A TITL	D.I. C.C						
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Or Condensate Address (Give address to which approved copy of this form is to be sent)										
Ciniza Pipeline Inc. P.O. Box 1887, Bloomfield, NM 87413									_	
Name of Authorized Transporter of Casing El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent)									
If well produces oil or liquids,	P.O. Box 1492, El Pase la gas actually connected? When									
give location of tanks.	• - :	=	γρ. Rge. 26N 13W	1 7 .	iy comcaa.	""	•			
If this production is commingled with that f IV. COMPLETION DATA	from any other	r lease or poo	d, give comming	ling order num	iber:					
IV. COMPLETION DATA		Oil Well	Gas Well	New Well	1 11/2-4	ı	1 ~ ~ 1	<u> </u>		
Designate Type of Completion	- (X)	lon wen	i Carweii	I New Mell	Workover	Deepea 	Plug Back	Same Res v	Diff Res'v	
Date Spudded	pudded Date Compl. Ready to Prod.				Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducina Com		Top Oil/Gas	Pau					
Elevations (DF, RKB, RT, GR, etc.)								Tubing Depth		
Perforations				<u></u>			Depth Casing Shoe			
		IDDIG G	SDIG AND				<u> </u>			
HOLE SIZE	·	JBING, CA	ASING AND	CEMENTI	NG RECORI	<u>D</u>	T	ACYS CENT	FACT	
	ONOR OF TOBING SIZE			DEFIN SET			SACKS CEMENT			
							ļ			
V. TEST DATA AND REQUES	T FOR A	LLOWABI	LE				L			
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	Date of Test			Producing Method (Flow, pump, gas lift, etc.)						
ength of Test	Tubing Press	aure		Casing Pressure			Choke Size			
Actual Prod. During Test										
COMMITTEE PORT DURING TEST	Cril - Bbls.			Water - Bbis			Gas- MCF			
GAS WELL							1		لـــــــــــــــــــــــــــــــــــــ	
7 (4-8					Bbls. Condensate/MMCF Gravity of Condensate					
ig Method (puot, back pr.) Tubing Pressure (Shut-m)			Casing Pressure (Shut-in)			Choke Size				
Tuoing Freshire (Sour-m)										
L OPERATOR CERTIFICA	TE OF (COMPLI.	ANCE				<u> </u>			
I 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 is true and complete to the best of my knowledge and belief.										
					Date ApprovedNOV_02_1389					
for 1 facult				A .						
Signature Vice-President					By Chang					
Printed Name Title					Title SUPERVISOR DISTRICT #3					
10-30-89 325-1821 Telephone No.					THE STATE OF THE S					

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.