

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED  
JUL 12 1985  
OIL CON. DIV.  
DIST. 3

I. Operator  
CHEVRON U.S.A. INC.

Address  
P. O. Box 599, Denver, CO 80201

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input checked="" type="checkbox"/> Change in Ownership			

Other (Please explain)  
Name Change Effective 7-1-85

If change of ownership give name and address of previous owner  
Gulf Oil Corp., P. O. Box 670, Hobbs, NM 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>West Bisti Unit</u>	Well No. <u>115</u>	Pool Name, including Formation <u>Bisti Gallup</u>	Kind of Lease State, Federal or Fee <u>NM 013492</u>	Lease No.
Location				
Unit Letter <u>J</u>	<u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u>			
Line of Section <u>20</u>	Township <u>26N</u>	Range <u>13W</u>	NMPM, <u>San Juan</u> County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Cinira Pipeline Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1887 Bloomfield, NM 87413</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>El Paso Natural Gas Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1492 El Paso, TX 79999</u>
If well produces oil or liquids, give location of tanks.	Unit <u>G</u> Sec. <u>35</u> Twp. <u>26N</u> Rge. <u>13W</u>
	Is gas actually connected? <u>Yes</u> When <u>Unknown</u>

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

R. D. Pite  
(Signature)

Area Engineer  
(Title)

5-31-85  
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 25 1985  
BY Frank J. [Signature]  
TITLE SUPERVISOR DISTRICT 3

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.

Job separation sheet

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <b>DUGAN PRODUCTION CORP.</b>	Well API No. <b>30-045-057550002</b>
Address <b>P.O. Box 420, Farmington, NM 87499</b>	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change of Ownership effective 9-1-89 Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Change of Operator effective 11-1-89	
If change of operator give name and address of previous operator <b>Chevron U.S.A. Inc., P.O. Box 599, Denver, CO 80201</b>	

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>West Bisti Unit</b>	Well No. <b>115</b>	Pool Name, Including Formation <b>Bisti Lower Gallup</b>	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Fee	Lease No. <b>NM-013492</b>
Location Unit Letter <b>J</b> : <b>1980</b> Feet From The <b>South</b> Line and <b>1980</b> Feet From The <b>East</b> <b>West</b> Line Section <b>20</b> Township <b>26N</b> Range <b>13W</b> , NMPM, <b>San Juan</b> County			<b>SF-078155</b>	

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Ciniza Pipeline Inc.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1887, Bloomfield, NM 87413</b>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>El Paso Natural Gas Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1492, El Paso, Texas 79978</b>	
If well produces oil or liquids, give location of tanks. Unit <b>G</b> Sec. <b>35</b> Twp. <b>26N</b> Rge. <b>13W</b>	Is gas actually connected? <b>yes NO</b>	When ?

If this production is commingled with that from any other lease or pool, give commingling order number:

## IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		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		DEPTH SET		SACKS CEMENT			

## 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.)

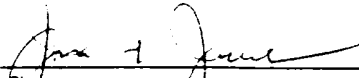
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

## GAS WELL

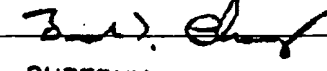
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

## VI. OPERATOR CERTIFICATE OF COMPLIANCE

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.

Signature   
**Jim L. Jacobs** Vice-President  
Printed Name Title  
**10-30-89** **325-1821**  
Date Telephone No.

## OIL CONSERVATION DIVISION

Date Approved **NOV 02 1989**By   
Title **SUPERVISOR DISTRICT 13**

## 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.
- 4) Summary Form C-104 must be filed for each well in multiple recompleted wells.