1 File

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Appropriate District Office
DISTRICT P.O. BUX 1960, Buods, NM, 88240

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Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

State of New Mexico

P.O. Box 2088

Form C-104
Revised 1-1-89
See Instructions
at Buttom of Pag

DISTRICT III	Santa Fe, New M	lexico 87504-2088	, •
1000 Rio Brazos Rd., Aztec, NM 87410		BLE AND AUTHORIZATION L AND NATURAL GAS	<b>)</b>
Operator			API No.
DUGAN PRODUCTIO	ON CORP.	30	0-045-05753-0000
P.O. Box 420, Farm	nington, NM 87499		
Reason(s) for Filing (Check proper bax)  New Well  Recompletion  Change in Operator	Change in Transporter of: Oil Dry Gas Casinghead Gas Condensate	Other (Please explain) Change of Ownership Change of Operator e	
If change of operator give name and address of previous operator	Chevron U.S.A. Inc., P	O. Box 599, Denver,	CO 80201
II. DESCRIPTION OF WELL	AND LEASE		
Lease Name West Bisti Unit	Well No. Pool Name, Includ		of Lease Lease No. (Federal) or Fee NM 013492
Location			14M 013432
Unit Letter H			Feet From The East Line
Section 20 Townshi	ip 26N Range 13W	, <sub>NMPM</sub> , San Juar	County
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil Ciniza Pipeline Inc.	SPORTER OF OIL AND NATU	RAL GAS Address (Give address to which approve P.O. Box 1887, Bloom	
Name of Authorized Transporter of Casin		Address (Give address to which approve	
El Paso Natural Gas  If well produces oil or liquids, give location of tanks.	<del></del>	P.O. Box 1492, El Pa Is gas actually connected? Whe	
If this production is commungled with that  IV. COMPLETION DATA	from any other lease or pool, give comming		
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v Diff Res'v
Designate Type of Completion  Date Spudded	- (X) Date Compil. 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	<u>:</u>	1	Depth Casing Shoe
	TUBING, CASING AND	CEMENTING RECORD	_ !
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
V. TEST DATA AND REQUES	T FOR ALLOWARIE		
-	ecovery of total volume of load oil and m <u>ust</u>	be equal to or exceed top allowable for th	is depth or be for full 24 hours.)
Date First New Oil Run To Tank	Date of Tes	Producing Method (Flow, pump, gas lift,	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbis.	Gas- MCF
GAS WELL	<u>L,</u>	<u> </u>	
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
esting Method (pitot, back pr.)	Tubing Pressure (Shut-m)	Casing Pressure (Shut-in)	Choke Size
VL OPERATOR CERTIFICATE OF COMPLIANCE		OIL CONCEDIA	ATION DIVISION
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.		OIL CONSERVATION DIVISION NOV 0.9 1000	
		Date Approved NOV 02 1989	
Significant Vice-President		By 3.1) day	
Printed Name 10-30-89	Title 325~1821	TitleSUPERVISOR DISTRICT #3	
Date	Telephone No.		

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.