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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

Well API No.

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWAB	LE AND AUTHORIZATION
TO TRANSPORT OIL	AND NATURAL GAS

Operator							Well	API No.			
DUGAN PRODUCTION CORP.											
Address											
P.O. BOX 420, FARMING	TON, NM	87499	3								
Reason(s) for Filing (Check proper box)	Other (Please explain)										
New Well	Change in Transporter of: EFFECTIVE 3-1-91										
Recompletion	Oil	Ц	Dry C		<del></del> , -						
Change in Operator	Casinghea	d Gas	Cond	ensate 🔯							
If change of operator give name											
and address of previous operator											
II. DESCRIPTION OF WELL	AND LE	ASE					<del></del>		<del></del>		
Lease Name	Well No. Pool Name, Including Fo				ing Formation	g Formation K				Lease No.	
PLATERO NAVAJO		11	<u> </u>	BASIN DA	KOTA		State	Federal or Fee	131 07		
Location							C			CA# SW-64	
Unit Letter E	: 16	50	Feet 1	From The	North Line	and 790	Fo	et From The _	West	Line	
										_	
Section 24 Townshi	<u> 26N</u>	<u> </u>	Range	e 11W	, NN	ирм,	San Jua	<u> </u>		County	
III. DESIGNATION OF TRAN	SPORTE			ND NATU	RAL GAS	address to ot	hick carrie	copy of this fo	em je to be	est)	
Name of Authorized Transporter of Oil		or Conden	sale	XX	Nooress (CIM	x 256 F	armingti Armingti	ON, NM E	7499	/	
GIANT REFINING INC.					I					t1	
Name of Authorized Transporter of Casing		$\Box$		y Gas XX		Address (Give address to which approved copy of the				nu)	
EL PASO NATURAL GAS C				<del></del>				STON, NM 87499			
If well produces oil or liquids,	Unit	Sec.	56N 56N	Rge.	Is gas actually connected? When			1			
give location of tanks.	<u> </u>		<u>L</u>	L	lYes	<del></del>					
If this production is commingled with that	from any oth	er lease or p	pool, g	rive comming!	ing order numb	xer					
IV. COMPLETION DATA		1			1 81 81/-11	W	Dance	Plug Back	Cama Das'y	Diff Res'v	
Designate Type of Completion	. 00	Oil Well	ļ	Gas Well	New Well	Workover	Deepen	Piug Back	Pattic Mes A	I	
		1 84-14			Total Depth		1	P.B.T.D.		1	
Date Spudded	Date Com	pl. Ready to	PTOO.		loom Depar			r.b.1.D.			
70 PMP PM CO					Top Oil/Gas I	24		Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.)	8, RT, GR, etc.) Name of Producing Formation					-,		Tubing Deput			
Perforations					<u>l</u>			Depth Casing Shoe			
Ferrorations								1			
		TIDING	CAS	INC. AND	CEMENTI	VG RECOR	D				
	· · · · · · · · · · · · · · · · · · ·	SING & TU			CLIVILIATI	DEPTH SET	<u> </u>	SACKS CEMENT			
HOLE SIZE	I CA	SINGATO	BING	SIZE		DET TITOET					
	<del> </del>					<del></del>	···	1			
								†			
	ļ				<del> </del>			<del></del>			
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLE	E.	1						
	ecovery of to	stal volume	of load	d oil and must	be equal to or	exceed top allo	owable for thi	s depth or be fo	ər full 24 hou	75.)	
OIL WELL (Test must be after r  Date First New Oil Run To Tank	Date of Te		,		Producing Me	thod (Flow, pu	unp, gas lift,	etc.)	H2		
Less that Ive On No.						-					
Length of Test	Tubing Pre	SSURE			Casing Pressu	ıre		Choke Size			
2000	Thomas a commo						ID ELEVER				
Actual Prod. During Test Oil - Bbls.			Water - Bbls.			Gol- MCF	A 43. 130 A				
The state of the s								IV.			
CAR WELL				<del></del>				FE	31 9 199	1,	
GAS WELL Actual Prod. Test - MCF/D	Length of	Test			Bbla. Conden	₽1€/MMCF		Grammol D	de Cartaile :	36X 9 1	
Actual Prod. 168 - MCP/D	rengo or							1	CON.	13 8 c)	
	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size DIST. 3				
Testing Method (pitot, back pr.)	Tuoing 11	wite) store	-ш,			,		l			
	<u> </u>				<del></del>		<del></del>	ــــــ			
VI. OPERATOR CERTIFIC					11 6	OIL CON	ISFRV	ATION I	NVISIC	N	
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  Date Approved FEB 1 9 1991							
										is true and complete to the best of thy	TO HEARE &
BIP	0								Λ .		
Mud can	ne_				By						
Signature BUD_CRANE PE	3001 ICT 1	ON SIPE	FRTN	TENDENT			نوسه س	. 🐱			
Printed Name	<u></u>	<u> </u>	Title		Title SUPERVISOR DISTRICT #3						
2-18-91		325-18			''''			<del></del>			
Date		Tele	phone	No.	H			~			

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) Separate Form C-104 must be filed for each pool in multiply completed wells.