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Appropriate Dustrict Office 11 Wios DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT B P.O. Drawer DD, Astenia, NM \$2210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

1 File State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89

## **OIL CONSERVATION DIVISION** P.O. Box 2088 Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator		_	-				We	API No.			
DUGAN PRODUCTION CORP.								30 045 05799			
P.O. Box 420, Fa	rminaton	NM s	3740	9							
Reason(s) for Filing (Check proper l	baz)	14141	,, 73			ther (Please exp	lain)	<del></del>			
New Well				sporter of:		•	•				
Recompletion	Oil Contact		Dry		Ef	fective :	3–25–93				
If change of operator give name	Cango	rad Gas	J Con	densate []						<del> </del>	
and address of previous operator	TI AND II		<del></del>			·	<del></del>				
II. DESCRIPTION OF WE Lease Name	LL AND LE	Well No	Pool	Name, Inclu	ding Formation	<del></del>	Kin	d of Lease	<del></del>	Lease No.	
West Bisti Unit		106 Bisti L						State, Federal or Fee NM 013492			
Location										115-116	
Unit LetterD	:	560	_ Feet	From The 1	lorth Li	ne and1	1741	Feet From The	West_	Line	
Section 19 Tow	vaship	26N	Rang	ge	13W N	IMPM, Sa	an Juan			County	
III DESIGNATION OF TH	ANCDODE	3D OD O		> DO > 1 4 000	T						
III. DESIGNATION OF TR Name of Authorized Transporter of C	V)	OF Coode		TAN UN			hich anaraw	d copy of this form	• ie to be e		
Giant Refining	IKX.J	KCX OF COGGGGSTAGE						ton, NM 87499			
Name of Authorized Transporter of C El Paso Natural G	asinghead Gas	XX)	or D	ry Gas 🗀	Address (Gi	ne address so w	hich approve	d copy of this form	1 is to be s		
If well produces oil or liquids,	as Co.	Sec.	Twp	l Par	P.O.	Box 4990,		ngton, NM	87499		
pive location of tanks.	G				e. Is gas actually connected? Whe			ca 7			
If this production is commingled with	that from any of	ber lease or	pool, g	ive comming	ding order num	ber:					
IV. COMPLETION DATA		Oil Well		Gas Weil	New Wall	Workover	December	1 2 2 1 6		- born i	
Designate Type of Complete	ion - (X)	Jou wee	i i	OIS WELL	I HEW WELL	workover	Deepen	Plug Back  Sa	me Kes'v	Diff Res'v	
Date Spudded	Date Com	pl. Ready to	o Prod.		Total Depth		<del>-</del>	P.B.T.D.	· · · · · · · · · · · · · · · · · · ·		
Elevations (DF, RKB, RT, GR, etc.)	Name of P	roducing Fr	omatio	<u> </u>	Top Oil/Gas Pay			Tubing Doub			
·				_				Tubing Depth			
criorations								Depth Casing Shoe			
		TIRING	CAS	INIC: AND	CEMENTO	IC DECOR		<u> </u>			
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
								<u> </u>			
·····				<del></del>							
. TEST DATA AND REQU					·			<del></del>			
OIL WELL (Test must be after the Print New Oil Run To Tank	Date of Tes		of load	oil and must	be equal to or	exceed top allow thou (Flow, pur	wable for thi	s depth on for			
	Date of 1es	_			ricologiag Me	aioa ( <i>r iow, pun</i>	nφ, gas iyi, e		5 TO E	• # <b>T</b> tw	
ength of Test	Tubing Pres	Tubing Pressure			Casing Pressu	re		Choke STZe MAR1 6 1993			
ctual Prod. During Test	Oil Phi	Oil - Bbls.				Water - Bbls.			Gas-MCFOIL CON. DIV.		
	Oil - Boil										
GAS WELL	<del></del>				<u> </u>			1	DIS	<del>1. 3</del>	
ctual Prod. Test - MCF/D	Length of T	Length of Test			Bbis. Condens	ate/MMCF		Gravity of Condensate			
sting Method (pilot, back pr.)	Tubing Pres	Dim (Chie	in)		Casina Descri	e (Chie in)		Chale Size			
	, words 11ca	(caner.	<b>-,</b>		Casing Pressure (Shut-in)			Choke Size			
I. OPERATOR CERTIFI	CATE OF	COMP	LIAN	VCE				· · · · · · · · · · · · · · · · · · ·			
I hereby certify that the rules and res	gulations of the (	Dil Conserv	ation			IL CON	SERVA	ATION DI	VISIO	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved MAR 1 6 1993						
12/10	>			į	Date	Approved		1 0 132	. J		
Bud 1	ant_				Ву		7.	10	/		
Series - Production Superintendent											
Printed Name Title					Title SUPERVISOR DISTRICT #3						
inal California a anno anno anno anno anno anno anno			=1.8.1 hoose N			4					
	or Andrea (	and the second second		a de la companya de l	and the state of t	land a restriction of many		eras e tribighadas	Color Marketon		

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

<sup>1)</sup> Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance 2013 111

so set for all lead to seem and techniques a city 3) Full out only Secretes L.H. III, and VI for changes of operator, well name or number, transporter, or other such changes.

4. Secrete Form C-1 4 must be filled for each pool in multiply completed wells.