1 File

Submit 5 Copies
Appropriate Distinct Office

Form C-104 Revised 1-1-89 See Instructions

P. G. Bux 1480, Histor, NM 88240	OH CONCEDI	'ATION' DIVICION'	at Bottom of Page	
DISTRICT II P.O. Drawer DD, Arlena, NM 88210	P.O.	ATION DIVISION Box 2088		
DISTRICT III		Mexico 87504-2088		
1000 Ruo Brazos Rd., Azzec, NM 874 I.	REQUEST FOR ALLOW,	ABLE AND AUTHORIZATION OIL AND NATURAL GAS		
Operator	TO THATIST ON C		II API NA	
DUGAN PRODUCT	ION CORP.	30	-045-05841-0000	
P.O. Box 420, Fa	irmington, NM 87499			
Reason(s) for Filing (Check proper be	a)	Other (Please explain)		
New Well	Change in Transporter of:	Change of Ownership		
Recompletion	Oil Dry Gas Casinghead Gas Condensate	Change of Operator	effective 11-1-89	
If change of operator give name and address of previous operator		P.O. Box 599, Denver,	CO 80201	
II. DESCRIPTION OF WE		,		
Lease Name	Well No. Pool Name, Inch	uding Formation Kin	d of Lease Na	
West Bisti Unit	102 Bisti Lo	ower Gallup Sta	Foderal or Fee NM 013492	
Location Unit Letter	: 1980 Feet From The	South Line and 1165	Feet From The West Line	
1.8	26N 12W			
Section Tow	raship 2019 Range 13W	, NMPM, Sail Sua	County	
III. DESIGNATION OF TR	ANSPORTER OF OIL AND NAT	URAL GAS Address (Give address to which approv	and come of this form is to be sent!	
Ciniza Pipeline Inc		P.O. Box 1887, Bloom	••••	
Name of Authorized Transporter of C		Address (Give address to which approv		
El Paso Natural Ga		P.O. Box 1492, El Pa		
If well produces oil or liquids,			en?	
give location of tanks.	1 G 135 126N ! 131	· · · · · · · · · · · · · · · · · · ·		
If this production is commingled with a IV. COMPLETION DATA	that from any other lease or pool, give commit	ngling order aumber:		
Designate Type of Complete	On Well Gas Well	New Weil 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	Takina Dareh	
			Tubing Depth	
Perforations			Depth Casing Shoe	
	TUBING, CASING AN	D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
V. TEST DATA AND REQU	JEST FOR ALLOWABLE			
-	ter recovery of total volume of load oil and mu	ust be equal to or exceed top allowable for t	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	
			Gas- MCF	
Actual Prod. During Test	Oil - Bbls	Water - Bbls.	025- MCF	
GAS WELL				
Actual Prod. Test - MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
esting Method (pilot, back pr.)	Tubing Pressure (Shut-m)	Casing Pressure (Shut-in)	Choke Size	
A OPERATOR CERTIF	ICATE OF COMPLIANCE			
I hereby certify that the rules and re		OIL CONSER	VATION DIVISION	
Division have been complied with a	and that the information given above		0.01/ 0.3 4330	
is true and complete to the best of my knowledge and belief.		Date Approved NOV 02 1383		
In I Jan	·-			
Signature Jim L. Jacobs	Vice-President	By	and) they	
Printed Name	Title	TitleSu	Title SUPERVISOR DISTRICT #3	
10-30-89	325-1821			

State of New Mexico

Energy, Minerals and Natural Resources Department

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.