5 KNMOCD

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

DISTRICT II P.O. Leawer DD, Ameria, NM 88210

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

·						ID AUTHOR						
<u>, </u>		TO TRA	ANSF	ORT O	IL AND	NATURAL C	<u> </u>	API No.				
Operator DRODUCTION CORP							i well	121110.	3U_U\\	30-045-05912		
DUGAN PRODUCTION	ON CORP	<u>, </u>					<u> </u>		30-043	-03317		
Address	inatas	NIM O	71100									
P.O. Box 420, Farn keason(s) for Filing (Check proper box		IAIAI Q	7499			Other (Please ex	plain)	_ .				
New Well	•	Change in	n Transr	coner of:	<u>. </u>	Effective						
Recompletion	Oil		Dry C			LIIECUIVE	. 5-1-30					
Change in Operator	Casinghea	_	٠ -	ensate 🗌	<u></u>							
If change of operator give name	-											
and address of previous operator												
II. DESCRIPTION OF WEL	L AND LE		1= -				Tr:= 4	of Learn	1 1	ease No.		
Lease Name Huerfanito	Well No. Pool Name, Included in to Section 15 Basin			ding Forma Dakota			Kind of Lease State, Federal or Fee					
		L			- Dako co				p. 070			
Location N		1190	_		South	1450	-	eet From The	We	est Line		
Unit Letter	:		_ Feet I	From The _		Line and	r	eet From The				
Section 10 Town	26N		Range	. 9W		, NMPM,	San	Juan		County		
Section Town	 p		1.2.02			<u> </u>						
III. DESIGNATION OF TRA	NSPORTE	CR OF O	IL A!	ND NAT	URAL G	<u>AS</u>		 		-1		
Name of Authorized Transporter of Oil	XX	or Conde			Address	(Give address to				ent)		
Giant Refining Inc.			_			Box 256,						
me of Authorized Transporter of Casinghead Gas XX or Dry Gas El Paso Natural Gas Co. (no change)					' '	Address (Give address to which approved copy of this form is to be sent)						
					P.O. Box 4990, Farmings Is gas actually connected? Whe			8/499				
If well produces oil or liquids, give location of tanks.	Unit	Sec. I	Twp	į Kg	Yes	many competed:	 MUC					
If this production is commingled with the	at from any old	ner lease or	r nool e	ive commit		number.						
If this production is comminged with the IV. COMPLETION DATA	any ou		, ,, B	,								
		Oil Wel	11	Gas Well	New V	Well Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion		_i					_1	<u></u>		_l		
Date Spudded	Date Com	pl. Ready t	to Prod		Total De	epth		P.B.T.D.				
			.		Ton Oil	Gas Pav		Tuking De				
Elevations (DF, RKB, RT, GR, etc.)	roducing F	tucing Formation			Top Oil/Gas Pay			Tubing Depth				
Perforations									Depth Casing Shoe			
L CTI OF WITHOUT								-				
	-	TURING	CAS	ING AN	D CEME	NTING RECO)RD	<u> </u>				
HO F S17F	HOLE SIZE CASING & TUBING SIZE				1	DEPTH SET			SACKS CEMENT			
NOCE SIZE												
								<u> </u>				
								<u> </u>				
V. TEST DATA AND REQU	EST FOR	ALLOW	ABLI	ይ ፈ-መ		to or exceed too	allowable for th	is denth or he	for full 24 ho	ors.)		
			e of load	a ou and mu	Produci	to or exceed top on the Method (Flow,	pump, eas lift.	elc.)				
Date First New Oil Run To Tank	Date of Te	ES			, rodiici		r - 7, 9 - 3,1	M	ERE	ME		
Length of Test	Tuhing Pr	Tubing Pressure				Casing Pressure			Chocolize			
Length of Test Tubing Pressure								Gas-MCF APR 2 7 1990				
Actual Prod. During Test Oil - Bbls.					Water -	Bbls		Gas- MCF	APRZI	שבכו		
<u>.</u> —								1	it cor	4 - 111 -		
GAS WELL								•	TAKT	_3		
Actual Prod. Test - MCF/D	Length of	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
					- 1					• ,		
Testing Method (pitot, back pr.)	Tubing Pr	ressure (Shi	ឃា-ញ)		Casing	Pressure (Shut-in)		Choke Size	e			
	1				_		. <u> </u>					
VI. OPERATOR CERTIF	ICATE O	F COM	PLIA	NCE			אופרטי	/ATION	DIMEN)N		
I hereby certify that the rules and re	gulations of the	e Oil Cons	ervation	1		OIL CC)NSER\	AHON	ופועוט	אוכ		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						APR 2 7 1990						
is true and complete to the best of	ny knowledge :	and belief.			[Date Approv	ved	AI II &	1 1000			
1 Land							_		~)	•		
/k //				<u> </u>	· E	Зу		<u> </u>	The way			
Jim L. Jacobs <u>Geologist</u>						SUPERVISOR DISTRICT #3						
Printed Name			Tale			Title						
4-26-90			25-1		-		4					
Date		16	elephone	t No.		orm charge principality		market Care of the	yanicar Tara	Secretary Description of		
The second secon												

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.