

4 NMUCD

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

DISTRICT I

DISTRICT II

DISTRICT III

Submittal 5 Copies

Appropriate District Office

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

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

DUGAN PRODUCTION CORP.

Well API No.

30-045-22284

Address

P.O. Box 420, Farmington, NM 87499

Reason(s) for Filing (Check proper box)

New Well

Recompletion

Change in Operator

Change in Transporter of:

Oil

Casinghead Gas

☐

☐

☐

☐

☐

☐

☐

☐

☐

Other (Please explain)

Pool Redesignation

Per NMUCD Order No. R-8769

Effective 11-1-88

Change of operator give name and address of previous operator

I. DESCRIPTION OF WELL AND LEASE

Lease Name

Hard Deal

Well No.

3

Pool Name, Including Formation

WAW Fruitland Sand PC

Kind of Lease

State (Federal) or Fee

Lease No.

22046

Location

Unit Letter

I

:

1850

Feet From The

South

Line and

990

Feet From The

East

Line

Section

18

Township

26N

Range

12W

NMPM

San Juan

County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Lease of Authorized Transporter of Oil

or Condensate

Address (Give address to which approved copy of this form is to be sent)

Lease of Authorized Transporter of Casinghead Gas

or Dry Gas

Address (Give address to which approved copy of this form is to be sent)

El Paso Natural Gas Company (no change)

P.O. Box 4990, Farmington, NM 87499

well produces oil or liquids, or location of tanks

Unit

Sec.

Twp.

Rge.

Is gas actually connected?

When?

this production is commingled with that from any other lease or pool, give commingling order number:

VI. COMPLETION DATA

Designate Type of Completion - (X)

Oil Well

Gas Well

New Well

Workover

Deepen

Plug Back

Same Res'v

Diff Res'v

Rate Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Leakage (DF, RKB, RT, GR, etc.)

Name of Producing Formation

Top Oil/Gas Pay

Tubing Depth

Perforations

Depth Casing Shoe

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE

CASING & TUBING SIZE

DEPTH SET

SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE

Oil Well

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

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

Actual Prod. During Test

Oil - Bbls.

Water - Bbls.

Gas - MCF

Gas Well

Actual Prod. Test - MCF/D

Length of Test

Bbls. Condensate/MCF

Gravity of Condensate

Testing Method (pilot, back pr.)

Tubing Pressure (Shut-in)

Casing Pressure (Shut-in)

Choke Size

III. OPERATOR CERTIFICATE OF COMPLIANCE

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.

Signature

Jim L. Jacobs

Geologist

Printed Name

Jim L. Jacobs

Title

325-1821

Date

November 12, 1990

Telephone No.

325-1821

OIL CONSERVATION DIVISION

NOV 14 1990

Date Approved

By

Supervisor District #3

Title

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.