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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

1 Merrion of New Mexico 1 File

1 Bayless

1 Premier Resources
Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

Energy, Minerals and Natural Resources Department

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

D 411 014401 E 410 41 EU0012471011

Y	HEQ					AUTHOR					
I. TO TRANSPORT OIL AND NATU							Well API No.				
DUGAN PRODUCTION CORP.								30-045- 22627			
Address P.O. Box 420, Farmir	ngton,	NM 87	499					3 043 _22	.027		
Reason(s) for Filing (Check proper box)			-		X ou	her (Please exp	rlain)				
New Well Change in Transporter of: Creation of Basin-Fruitland Coal Gas Poo										as Pool	
Recompletion U Dry Gas U Per NMOCD Order No. R-8768											
Change in Operator	Casinghe	ad Gas	Cond	ensate	Ef	fective 1	1-1-88.		 		
If change of operator give name and address of previous operator										<u>.</u>	
II. DESCRIPTION OF WELL Lease Name	AND LE		D1	N7 711	· - F		177: 1				
Western Federal	Well No. Pool Name, Included Programme Residual Programme Programme Residual Programme Re						of Lease Lease No. Federal or Fee SF 078897				
ocation , Dashi Fu				Triand Coar			<u> </u>				
Unit LetterM	_ :6	50	Feet l	From The	South Lir	ne and 65	0 Fe	et From The _	West	Line	
Section 7 Townshi	_p 26 N	orth	Range	e 11 We	est , N	ІМРМ,	San Jua	ın		County	
III. DESIGNATION OF TRAN	SPORTI	ER OF O	IL A	ND NATU	RAL GAS						
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)										ent)	
<u>—</u> — — — — — — — — — — — — — — — — — —						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					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	1 -	ly connected?	When	?		•	
If this production is commingled with that	<u> </u>	l			Yes	<u> </u>	L				
IV. COMPLETION DATA		<u> </u>									
Designate Type of Completion		Oil Well	_i	Gas Well	New Well	Workover	Deepen	Piug 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		Tubing Depth			
Perforations					ł			Depth Casing	Shoe		
TUBING, CASING AND					CEMENTI	NG RECOR	D	<u>'</u>			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET 5 1 1 5				SACKS CEMENT		
<u> </u>				11			5				
							े कि 12 100 1	ש			
	 	·				7111	<u> (0 7 1989</u>]			
7. TEST DATA AND REQUES OIL WELL (Test must be after re					he equal to on	erroad top of	ON. D	V.			
						Producing Method (Flow, pump, gas lift, etc.)					
ength of Test	Tubing Pressure				Casing Press.	TIG		Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL							<u> </u>		· · · · · · · · · · · · · · · · · · ·		
						Bbls. Condensate/MMCF Gravity of Condensate					
esting Method (pitot, back pr.)	g Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size		
/L OPERATOR CERTIFICATE OF COMPLIANCE					OIL CONSERVATION DIVISION						
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.					A CONTRACTOR OF THE PROPERTY O						
1 Jair					Date Approved						
Signature Jim L. Jacobs Geologist					By ORIGINAL SIGNED BY SERVICE BUSCH						
Printed Name Title					Title DEPUTY OF S CAS DISCISSION DIST #3						
4-5-89 325-1821 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.
- 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.