4 NMOCD

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

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

1 File State of New Mexico

Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe. New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM	1 87410 REQU	JEST FC	OR ALL	OWA	BLE AND	AUTHOR	IZATION				
I		TO TRAI	NSPOF	RT OI	L AND NA	TURAL G		A DI NIO			
DUGAN PRODUCTION CORP.								API No. 30-045-23887			
Address	CTION CORP	<u>, </u>									
P.O. Box 420,		NM 87	499		[D] Ost	es (Please exp	(aia)				
Reason(s) for Filing (Check prop	er bax)	Change is 1	Tanmote	· of·		1 Redesi					
Recompletion	Per NMOCD Order No. 8-8769										
Change is Operator	Casinghea		Condensate	• 🗆	Eff	ective 1	11-1-88				
If change of operator give name and address of previous operator											
IL DESCRIPTION OF	WELL AND LE										
Lesse Name Irish		Well No. Pool Name, Inclu 1J WAW Fruit]			and Sand PC Sum			of Lease No. Federal or Fee NM 10757			
Location		· · · · · ·	,,								
Unit LetterP	:79	01	Feet From	The _	<u> South</u>	2 and	0 F	eet From The	East	Line	
Section 12	Township 26N	1	Range	13W	, NI	ирм,		San J	uan	County	
	TTD 4 NCDOD TTT	D OF OU	4300	NI A 777 7	DAT CAS						
II. DESIGNATION OF TRANSPORTER OF OIL AND NA Name of Authorized Transporter of Oil or Condensate				NAIU	Address (Giv	e address to w	hick approved	copy of this j	orm is to be s	ent)	
		- <u></u> -		ر — <u>—</u>	45:						
Name of Authorized Transporter El Paso Natural Ga		no chang	or Dry Ges	XXI		: <i>address to wi</i> 0x 4990,			87499	DU)	
If well produces oil or liquids,	Unit		Nop.	Rge.	is gas actually		When				
give location of tanks.	ii	i	i					<u>. </u>			
If this production is commingled w		er lease or po	ool, give co	emming!	ing order numb	er					
IV. COMPLETION DAT		Oil Well	Gas	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Comp		I. Ready to P			Total Depth			P.B.T.D.	<u> </u>	<u> </u>	
Date Spirates											
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas F	ay		Tubing Depth			
Perforations								Depth Casin	g Shoe		
TUBING, CASING A				AND	CEMENTIN	IG RECOR	D	<u> </u>			
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
								ļ			
				_		·					
. TEST DATA AND RE								denth on head	lan 6.11 24 haya	1	
IL WELL (Test must b) Take First New Oil Rus To Tank	Date of Tes		iona ou a	ad mass		had (Flow, pu			W 721 27 122		
ength of Test	Tubing Pres	Tubing Pressure			SOFE CEIVEN			Choke Size			
Actual Prod. During Test	ual Prod. During Test Oil - Bbls.				Wall Bols			Gas- MCF			
					N	OV1 4 19	90	<u> </u>			
JAS WELL					- 011	CON	NW	1.5			
count Prod. Test - MCF/D	Length of T	Leagth of Test				BIL GILLEGORN. DIV			Gravity of Condensate		
esting Method (pitot, back pr.)	Tubing Pres	Tubing Pressure (Shut-m)				Casing Pressure (Shut-in)			Choke Size		
L OPERATOR CERT	TFICATE OF	COMPL	IANCE	<u> </u>			CEDV	ATIONU			
I hereby certify that the rules ar		OIL CONSERVATION DIVISION									
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					D=4=	A	.	NOV 1 4 1990			
Im & Omb					By Bu Bull						
Signatura					Ву					૪	
Titor L. Jacobs Geologist Printed Name Title					Title		\$	SUPERVIS	OR DIST	RICT #3	

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

November 12.

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

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- 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.