

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

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

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

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
 TO TRANSPORT OIL AND NATURAL GAS**

I. Operator **DUGAN PRODUCTION CORP.** Well API No. **30-045-21773**  
 Address **P.O. Box 420, Farmington, NM 87499**  
 Reason(s) for Filing (Check proper box)  Other (Please explain)  
 New Well  Change in Transporter of: Pool Redesignation  
 Recompletion  Oil  Dry Gas  Per NMOC D Order No. R-8769  
 Change in Operator  Casinghead Gas  Condensate  Effective 11-1-88  
 change of operator give name and address of previous operator \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>FAF</b>	Well No. <b>1</b>	Pool Name, including Formation <b>WAW Fruitland Sand PC</b>	Kind of Lease State, Federal or Fee	Lease No. <b>NM 0499348</b>
Location Unit Letter <b>P</b> : <b>1000</b> Feet From The <b>South</b> Line and <b>990</b> Feet From The <b>East</b> Line Section <b>30</b> Township <b>27N</b> Range <b>13W</b> , <b>NMPM</b> , San Juan County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil  or Condensate  Address (Give address to which approved copy of this form is to be sent)  
 Name of Authorized Transporter of Casinghead Gas  or Dry Gas  Address (Give address to which approved copy of this form is to be sent)  
**Dugan Production Corp** **P.O. Box 420, Farmington, NM 87499**  
 well produces oil or liquids,  or gas  Is gas actually connected?  When?   
 this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

**V. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	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			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**

**II. 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.)  
 Date First New Oil Run To Tank \_\_\_\_\_ Date of Test \_\_\_\_\_ Producing Method (Flow, pump, gas lift, etc.) \_\_\_\_\_  
 Length of Test \_\_\_\_\_ Tubing Pressure \_\_\_\_\_ Casing Pressure \_\_\_\_\_ Casing Size \_\_\_\_\_  
 Actual Prod. During Test \_\_\_\_\_ Oil - Bbls. \_\_\_\_\_ Water - Bbls. \_\_\_\_\_ G/L MCF \_\_\_\_\_  
 NOV 14 1990

**III. 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 \_\_\_\_\_

**IV. 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  
 Printed Name **Jim L. Jacobs** Title **Geologist**  
 Date **November 8, 1990** Telephone No. **375-1821**

**OIL CONSERVATION DIVISION**  
 Date Approved NOV 14 1990  
 By Supervisor  
 Title **SUPERVISOR DISTRICT #3**

- 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.