## EW MEXICO OIL CONSERVATION COMMISSION

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Form C-104

Ę	5-NMOCC, Azte	c 1-	File	<b>e</b>						
(	NO. OF COPIES MECE									
-	DISTRIBUTIO	N	Ī		NE					
	SANTA FE									
	FILE									
	U.S.G.S.				AUTHORIZ					
	LAND OFFICE									
	IRANSPORTER	OIL								
	TRANSPORTER	GAS								
	OPERATOR									
1.	PRORATION OF									
••	Operator DUGAN PRODUCTION CORP.									
	Address				N					

	SANTA FE	REQUEST F	OR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65								
-	U.S.G.S.	AUTHORIZATION TO TRAN	AND ISPORT OIL AND NATURAL GA	S								
	LAND OFFICE											
1	TRANSPORTER GAS	4										
	OPERATOR			M a								
1.	PRORATION OFFICE			MEGE								
	Operator DUGAN PRODUCTION	CORP	Other (Please explain)  Other (Please explain)  Other (Please explain)  Other (Please explain)									
	Address	COIN :		EB2								
		rmington, NM 87499		OIL C 4/984 [U]								
	Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Please explain)	VOV. V.								
	New Well  Recompletion	Oil Dry Gas	X	UST. 3 UV.								
	Change in Ownership	Casinghead Gas Condens	ate									
	If change of ownership give name and address of previous owner											
H.	DESCRIPTION OF WELL AND I	EASE	rmation Kind of Lease	Lease No.								
	Lease Name Raby Doe	Well No.   Pool Name, Including For		Fee Federal NM 33044								
	Location											
		S50 Feet From The South Line	and 790 Feet From Th	. West								
	20	27N _ 1	I ne 2	Jan County								
	Line of Section 29 Tow	mship Z/IV Range	ISW , NMPM, Sall Ut	County								
II.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	5	1 delic from in to be const								
	Name of Authorized Transporter of Oil	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 Cas	inghead Gas or Dry Gas XX	Address (Give address to which approve	d copy of this form is to be sent)								
	El Paso Natural Gas Co	o	P.O. Box 4990, Farmingto									
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? When									
	give location of tanks.		yes	9-29-83								
	If this production is commingled wit COMPLETION DATA	this production is commingled with that from any other lease or pool, give commingling order number:										
٧.		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.								
	Designate Type of Completion	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.								
	Date Spudded	Date Compi. Neddy to 7 for										
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth								
				Depth Casing Shoe								
	Perforation <b>s</b>											
		TUBING, CASING, AND	CEMENTING RECORD									
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT								
V	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a) able for this de	fter recovery of total volume of load oil a pth or be for full 24 hours)	and must be equal to or exceed top allow-								
	OIL WELL Date First New Cil Run To Tanks	Date of Test	Producing Nethod (Flow, pump, gas lif	i, etc.)								
			Grade Brooking	Choke Size								
	Length of Test	Tubing Pressure	Casing Pressure	0.020 0.00								
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls	Gas-MCF								
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate								
			Casing Pressure (Shut-in)	Choke Size								
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cashing Pressure (Date 12)									
v 74	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION								
V 1			FEB 24 1984									
		regulations of the Oil Conservation with and that the information given	0::15:-11									
	Commission have been complied above is true and complete to th	e best of my knowledge and belief.										
	,	0 0	This form is to be filed in	compliance with RULE 1104.								
	D. A. Min	1 7 2 Anature) Thomas A. Dugan	11	Lin for a maniful delited or deepened								
			tests taken on the well in acco	nied by a tabulation of the deviation ridance with RULE 111.								
		sident	Il able on new and recompleted w	ist be filled out completely for allowells.								
	•	23-84	Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  Separate Forms C-104 must be filed for each pool in multiply completed wells.									
	(E	Date)										







Job separation sheet

4 NMOCD

abrait 5 Copies
appropriate District Office
bistrict 1
O. Box 1980, Hobbs, NM 88240

)ISTRICT II .O. Drawer DD, Arlesia, NM 88210

1 File

State of New Mexico

Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instruct at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
000 Rio Brazos Rd., Azzec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

<del></del>						<del></del>										
DUGAN PRODUCTION	N COP	D								API No. 30-045-2	5536					
Address	ON COK	<u> </u>														
P.O. Box 420, Farm	ington,	NM 8	749	9		X) Oi					-					
eason(s) for Filing (Check proper box)	Other (Please explain) Pool Redesignation															
ecompletine	☐ Change in Transporter of: ☐ Dry Gas ☐							Per NMOCD Order No. R-8769								
hange in Operator	Effective 11-1-88															
change of operator give name d address of previous operator																
DESCRIPTION OF WELL	AND LE		1=													
ease Name Baby Doe		Well No.		i Name, AW Fri	Includ uitl	i <b>ng Formation</b> and San	d PC			( <u>Lease</u> Federal)or Fe	e NM	33044				
ocation			<del>'</del> ,													
Unit Letter	: <u>18</u>	50	. Fea	From T	he	outh Li	ne and7	90	_ Fe	et From The	West		Line			
Section 29 Townsh	in 2	7N	Rang		13W	N	IMPM,				San	Juan <sub>C</sub>	·			
. DESIGNATION OF TRAN												<u> </u>	OUBRY			
me of Authorized Transporter of Oil		or Conde		יו עווי	AIU.		ve address to w	hich appr	oved	copy of this f	orm is to b	e seni)				
me of Authorized Transporter of Casin  1 Paso Natural Gas Co	-			ry Gas	XX	ľ	ve address to w									
rell produces oil or liquids,	Unsit	no chai S∞c.	Twp		Rge.		ox 4990,		Ingt Vhea:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	87499	,				
location of tanks.			Ĺ	<u>i</u>			,	i								
is production is commingled with that COMPLETION DATA	from any oth	ner lease or	pool, g	give corr	<b>x</b> niogli	ing order aum	ber:									
Designate Type of Completion	- (X)	Oil Well	1	Gas W	eil	New Well	Workover	Deep	en	Plug Back	Same Res	v þin	Res'v			
Date Compi. Ready to Prod.						Total Depth			P.B.T.D.	<u> </u>						
vations (DF, RKB, RT, GR, etc.)	Name of P	roducing Fo	matic	DO		Top Oil/Gas Pay				Tubing Depth						
orations	1									Depth Casing	g Shoe					
HOLE SIZE		UBING, SING & TU			ND	CEMENTING RECORD				010/0 05/15/15						
7.000 0.20		3110 4 10	Birto	3126		DEPTH SET				SACKS CEMENT						
									_							
TEST DATA AND REQUES	T FOR A	LLOWA	BLE	<u> </u>									اـــــــــــــــــــــــــــــــــــــ			
WELL (Test must be after re			f load	i oil and							er full 24 k	OF1.)				
First New Oil Run To Tank	Date of Tes	4				Producing Method (Flow, pump, gas lift, etc.)										
th of Test	Tubing Pres	SIR				Casin Druge G E V E Size										
al Prod. During Test	Oil - Bbls.					Water Bis	un u	U 123	- 11	MCF	1/1					
							NOV1 41	990								
S WELL									,							
ai Prod. Test - MCF/D	Length of T	est				Bbis. Cobdes	LGON			Gravity of Co	odensate					
ng Method (pitot, back pr.) Tubing Pressure (Shui-m)			DIST. 3 Casing Pressure (Shut-in)			-1	Choke Size									
Turing Freedric (Stutem)							(0.101 12)									
OPERATOR CERTIFICATE OF COMPLIANCE						OIL CONSERVATION DIVISION										
hereby certify that the rules and regulations of the Oil Conservation ivision have been complied with and that the information given above																
true and complete to the best of my knowledge and belief.						Date ApprovedNOV 1 4 1990										
pro & Jane-							·		ユ	. , \	$\sim$					
gnature					-	By Super										
ripted Name Title					-	SUPERVISOR DISTRICT /3										
November 8, 1990 325-1821					_	Title										
Telephone No.																

NSTRUCTIONS: 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) Senarate Form C-104 must be filed for each revol in multiply complaint