5 NMOCD

Submit 5 Copies
Appropriate District Office
DISTRICT I

P.O. Box 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

Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWARIES AND ALITHORIZATION

1.		TO TRA	NSP	ORT OIL	AND NAT	JHAL GA				_ _
Operator							Well A	Pi Na		
DUGAN PRODUCTIO	N CORE	Ρ.					<u> </u>			
Address										
P.O. Box 420, Farm	inaton.	NM 8	7499							
Reason(s) for Filing (Check proper box)	iiigtoii,				Other	(Please expla	uin)			
New Well	Effective 5-1-90									
	Oil	Change in	Dry Ga	\Box		Effec	tive 5-1	-90		
Recompletion		ad Gas 🗌								
Change in Operator	Camillar		Collect	A DA						
If change of operator give name and address of previous operator										
•		. cr								
IL DESCRIPTION OF WELL	AND LE		in	71 - 21	- Franction		Vind c	(Lesse	<u> </u>	ase No.
Lease Name								Federal of Fee		
Outailder das com		<u> </u>	<u> </u>		- Dako ca		!			
Location	1750	1		Sc	uith	1735			East	
Unit Lener	:	J	Feat Fr	om The	Line a	nd 1735	Fe	et From The _		Line
10	29N			11W		Sa	n Juan			
Section 10 Townsh	<u>iip</u> 2911		Range	TIM	, NMI	М, за	n ouan			County
III. DESIGNATION OF TRAI	NSPORTE			D NATU	RAL GAS	····			To an Europe	
Name of Authorized Transporter of Oil		or Condea	n sale	XX	Address (Give address to which approved copy of this form is to be sent)					
Giant Refining Inc.					P.O. Box					
Name of Authorized Transporter of Casin	ighead Gas			Gas XX	Address (Give a	iddress to wh	ich approved	copy of this fo	rm is to be se	nt)
El Paso Natural Gas Co	o. (r	no chan	ge)							
If well produces oil or liquids,	Unit	Sec.	Twp	Rge.	Is gas actually o	connected?	When	?		
give location of tanks.		<u> </u>	<u> </u>		Yes		L_			
f this production is commingled with that	from any ot	her lease or	pool, giv	re commingl	ing order number	:				
V. COMPLETION DATA										
		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion	- (X)	i	Ì		1		1 1	1		1
Date Spudded	Date Com	pl. 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		
The Author (Dr.) aren't are a series of a										
	<u> </u>							Depth Casing	Shoe	
							- 110	Depth Casing	Shoe	
		TIPING	CAST	NC AND	CEMENTIN	RECOR	D	Depth Casing	Shoe	
Perforations					CEMENTING		D			ENT
		TUBING,				G RECOR EPTH SET	D		Shoe	ENT
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HOLE SIZE HOLE SIZE V. TEST DATA AND REQUE OIL WELL (Test must be after	ST FOR A	ALLOW	JBING S	SIZE	be equal to or ex	EPTH SET	owable for this	S. depth or be for	ACKS CEMI	
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INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

4-26-90

- 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.

325-1821 Telephone No.

- 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.

OIL CON. DIV

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