Submit 5 Copies Appropriate District Office Appropriate District
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

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

Santa Fe, New Mexico 87504-2088

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) Detator		TOTRA	ANSF	PORTO	IL AND NA	TURAL		I AND SE			
Raymond T. Duncan							We	II API No.			
dress 1777 S. Harrison St.	DU_1	Donico		0 0021							
eason(s) for Filing (Check proper box)		Deliver	, 0	0 8021							
ew Well		Change in	Trans	porter of:		her (Piease e	xplain)				
ecompletion	Oil		Dry C			Effec	ctive 5/	1/89			
hange in Operator	Casinghe	ead Gas 🔲	Cond	ensete 🗌	·						
change of operator give name d address of previous operator	* · · · · · · · · · · · · · · · · · · ·										
DESCRIPTION OF WELL	AND LE	EASE								,	
ass Name	Well No. Pool Name, Inclu			<u> </u>			d of Lease	T i	Lease No.		
North Hogback 7		1	Slickroc		k Dakota			State, Federal or Fee		14-20-0603-10	
Cation E	23	10			Nonth	2.2		vajo	••		
Unit LetterE	_ :	10	. Feet F	rom The _	North Li	ne and	30 -	Feet From The	West	Line	
Section 7 Townsh	ip 29N	i	Range	16W	ı,n	MPM,	San Ju	ıan		County	
										County	
DESIGNATION OF TRAI me of Authorized Transporter of Oil		or Conden		NATU		ne address to	which come				
eridian Oil Co.	y or Condensate						ed copy of this form is to be sent) ington, NM 87499				
me of Authorized Transporter of Casis	ighead Gas		or Dry	Gas	Address (Gi	e address to	which approve	ed copy of this	form is to be s	ent)	
M • • • • • • • • • • • • • • • • • • •		7									
well produces oil or liquids, location of tanks.	Unit F	Sec.	Twp		. Is gas actual	y connected?	Whe	n?			
is production is commingled with that		her lease or s	291		No	her.	<u> </u>				
COMPLETION DATA		0. }	~~, g.	vo contanting	burg order seri				 -		
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
s Spudded	Date Com	pl. Ready to	Prod.		Total Depth			P.B.T.D.		···•	
rations (DF, RKB, RT, GR, etc.)	Name of I	Producine Fo	metica		Top Oil/Gas	Pav		m			
systions (DF, RKB, RT, GR, etc.) Name of Producing Formation					1.07 0.2.00	• • • •		Tubing Depth			
riforations					<u> </u>	"		Depth Casing Shoe			
			<u> </u>					<u> </u>			
HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT			
TIOUL OILL	CASING & TOBING SIZE			DEPTH SET			SACKS CEMENT				
	<u> </u>										
TEST DATA AND REQUE	T FOR	ALLOWA	RI.E		<u> L</u>						
WELL (Test must be after t					be equal to or	exceed top a	llowable for th	is depth or be	for full 24 hou	rs.)	
First New Oil Run To Tank	Date of Test			Producing Method (Flow, pump, gas lift, etc.)							
gth of Test	-				Coolea Dana		15.	10-46-		<u> </u>	
gui ca rest	Tubing Pre	essure			Casing Press	ire		Choke Size			
ual Prod. During Test	Oil - Bbls.				Water - Bbls.		Lit		1200		
					<u></u>	•		MARZ	2 1990		
AS WELL							(M CC	MID DIV	/ .:	
ual Prod. Test - MCF/D	Length of	Test			Bbls. Conden	sate/MMCF		Gravity of Di	ondengate	· • · · · · · · · · · · · · · · · · · ·	
ng Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
ne rement flant, nace h.)			_,			(minem)		CHOICE SIZE			
OPERATOR CERTIFIC	ATE OF	COMPI	JAN	ICE	1						
hereby certify that the rules and regul	ations of the	Oil Conserve	stion			DIL CO	NSERV	ATION	DIVISIC	N	
Division have been complied with and strue and complete to the best of my			above			ì		MAR 22	1990		
	TION BOOKS E	m valet.			Date	Approv	ed				
W. S. Fall					_		7	1) B) /		
Signature					By_	· - ······				 	
V. S. Fallin Pro		n Manag	Title		Tata	1	SUPER	IVISOR D	ISTRICT	13	
3/19/90	(303	759-3	303		Title						
Date		Telep	bone N	io.	11						

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.