4 NMOCD

SuSmit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.		TO TRA	NSPO	DRT OIL	AND NA	TURAL G	AS				
Operator											
DUGAN PRODUCTION	- <del>-</del>			0397							
Address Box 130 Form		NIA 0-									
P.O. Box 420, Farmi Reason(s) for Filing (Check proper box)	ngton,	NM 8/	499		X OL	han (D)	F - 1 - 1				
New Well		Change in	Tmacac	der of:		her (Please expl ol Redesi					
	Change in Transporter of: POOL Redestignation  Oil Dry Gas Per NMOCD Order No. R-8769										
Recompletion Dry Gas Per NMUCD Order NO. R-8769  Change in Operator Casinghead Gas Condensate Effective 11-1-88											
If change of operator give name	Casigna		Condens						<del></del>		
and address of previous operator		· · ·		****							
II. DESCRIPTION OF WELL	AND LEA	ASE									
Lease Name			Pool Na	me, Includi	ng Formation		Kind	of Lease	L	ease No.	
Federal I		4	Har	per Hi	ll Fruit	Fruitland Sand P( State Federal) or Fee   SF-078110					
Location			•								
Unit LetterC	: 110	00	Feet Fro	m The N	orth Li	ne and160	0 F	eet From The	West	Line	
_		_									
Section 1 Township	p 29N		Range	1	4W , N	МРМ,		San	Juan	County	
III DECICNATION OF TRAN	CDODTE	D OF OU	I A B III	N NI A SPETI							
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPURIE	or Condens		NATU		ve address to wi	hich approved	com of this t	orm is to be se		
	لــا				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				0/m 15 10 0E 31	<i></i> )	
Name of Authorized Transporter of Casinghead Gas or Dry Gas XX Address (Give address to which approved copy of this form is to be sent)											
El Paso Natural Gas Con		P.O. Box 4990, Farmington, NM 87499									
If well produces oil or liquids,											
give location of tanks.	11	1		L			l				
If this production is commingled with that f	rom any othe	er lease or po	ool, give	commingli	ng order num	ber:					
IV. COMPLETION DATA	<del>.</del>	lou war	1 6	. 70.0	N 317.11	1	1 5	1 5. 5 .	1		
Designate Type of Completion -	- (X)	Oil Well	G	as Weil	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.			Total Depth	<u> </u>	<u> </u>	P.B.T.D.	L	_1		
•											
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casin	g Shoe		
								<u> </u>			
NO. 5 0175	TUBING, CASING AND										
HOLE SIZE	CASING & TUBING SIZE			ZE	DEPTH SET			SACKS CEMENT			
					<del></del>	<del> </del>	<del></del>	-			
	<del></del>										
. TEST DATA AND REQUES	T FOR A	LLOWAL	BLE			<del></del>		·		<del></del>	
OIL WELL (Test must be after re	covery of tou	al volume of	load oil	and must b	oqual to a	exacta lop allo	wable for this	depih or be j	or full 24 hou	rs.)	
Date First New Oil Run To Tank		Producing Michol Wow, pump, gas lift, etc.)									
	i		IM			<u> </u>		· · · · · · · · · · · · · · · · · · ·			
ength of Test	Tubing Press	sure	III	0 CD	Casing 1967	ire		Choke Size			
Actual Prod. During Test	0:: 5::			SEP	, ij i -	m+		Gas- MCF			
Actual Floor During Yest	Oil - Bbls.			W CK	OKI. "IS	/ <b>V</b> ·		Gas- MCF		,	
		· · · · ·		Nr 선	151. 3			L			
GAS WELL Actual Prod. Test - MCF/D	Length of Te				ner e	A O (CT	<del> </del>	10			
CILLI FIGU. YES - MICE/D	Lengui or 10	CSL		ľ	Bbis. Conden	ew MMCr		Gravity of C	ondensate		
esting Method (pitot, back pr.)	Tubing Pres	ubing Pressure (Shut-m)				Casing Pressure (Shut-in)			Choke Size		
				-	•	, ,					
A OPERATOR CERTIFICA	ATE OF	COMPI	IANC	F				<u>.                                    </u>			
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above					CED 2 7 1000						
is true and complete to the best of my knowledge and belief.					Date	Approved	, 5	EP 27	990		
1. (1.					Dale			A			
fri / field					By Bill Change						
Signature Jim L. Jacobs Geologist											
Fine L. Jacobs Geologist Fine Name Title					SUPERVISOR DISTRICT #3						
September 21, 1990 325-1821						I rile					
Date Telephone No.						4					

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.