4 NMOCD

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

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

DISTRICT III 1000 Rio Brazos Rd., Aziec, 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

			BLE AND AUTHORIZA			
I	TO TF	RANSPORT OIL	LAND NATURAL GAS			
Operator				Well API No.		
DUGAN PRODUCTION			30-045-207	21 <u> </u>		
Address						
P.O. Box 420, Farmi	ngton, NM	37499			·	
Reason(s) for Filing (Check proper box)			∴ Other (Please explain)			
New Well	Change	in Transporter of:	Pool Redesign			
Recompletion	Oil .	Dry Gas	Per NMOCD Ord			
Change in Operator	Casinghead Gas	Condensate	Effective 11-	1-88		
If change of operator give name						
and address of previous operator						
II. DESCRIPTION OF WELL	AND LEASE					
Lease Name	Well No	. Pool Name, Includ	ing Formation	Kind of Lease	Lease No.	
7	5		1 FR Sand PC	State, Gedera or Fee	SF-078110	
Federal I	- <u> </u>	,			l	
1	. 1850		South 1850		East	
Unit Letter	_ :	Feet From The	Line and	Feet From The _	Line	
1 7	ip 29N	Range 14W	, NMPM,	San	Juan County	
Section 1 Townshi	p 29N	Range 14:4	, NMPM,		County	
III. DESIGNATION OF TRAN	CDODTED OF	OU AND NATE	DAL CAS			
Name of Authorized Transporter of Oil	or Cond		Address (Give address to which	approved come of this for	m is to be sent)	
Name of Authorized Transporter of Oil	or code	ensate	Address (Offer asserts to Which	approved copy of this jor	m is no oe semj	
		or Dry Gas XX	11. 12. 11.		· · · · · · · · · · · · · · · · · · ·	
Name of Authorized Transporter of Casing	approved copy of this form is to be sent)					
E] Paso Natural Gas Company (no change)			P.O. Box 4990, Farmington, NM 87499			
If well produces oil or liquids,	Unit Sec.	Twp. Rge.	is gas actually connected?	When?		
give location of tanks.	1	<u> </u>				
If this production is commingled with that:	from any other lease o	r pool, give comming	ling order number:			
IV. COMPLETION DATA						
	Oil We	ll Gas Well	New Well   Workover	Deepen   Plug Back	Same Res'v Diff Res'v	
Designate Type of Completion	- (X)	İ	i i i	1 1		
Date Spurided	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	·· <del>···································</del>		
Elevations (D1, 1812) 111 Oct, see,				V		
Perforations			<u> </u>	Depth Casing	Shoe	
				'		
	TURING	CASING AND	CEMENTING RECORD	<u>-</u>		
11015 0175			ASDITUTET		SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE		A THE THE	3,	OAONO CEMENT	
65						
	<u> </u>	IN P				
	<b>.</b>		Ln 2 6 199U			
	<u> </u>	<u> </u>	EP 2 6 1990			
V. TEST DATA AND REQUES	ST FOR ALLOW	ABLE	- IIIV			
	ecovery of total volum	e of load oil an	becan to be exceed top allowal	ble for this depth or be fo	r full 24 hours.)	
Date First New Oil Run To Tank	Date of Test		Prop Monod (Flow, pump,	gas lift, etc.)		
Length of Test	n of Test Tubing Pressure		Casing Pressure	Choke Size	Choke Size	
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.	Gas- MCF	Gas- MCF	
-						
	L			<del></del>		
GAS WELL			1			
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF	Gravity of Co	ndensale	
	4.1.				A	
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)	Choke Size		
VI OPERATOR CERTIFIC	ATE OF COM	PLIANCE				
VI. OPERATOR CERTIFICATE OF COMPLIANCE  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			SEP 2 7 1990			
is true-and complete to the best-of my k		<del>-</del>	D=4= 4===== - !	SEP 4 (	1330	
- (1 - TI	<b>-</b>		Date Approved		<u> </u>	
Bra I Ward	,			3.11) d		
<del>-/ }</del>			1) DV		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Signature Jacobs	C	<u>eologist</u>		SUPERVISOR DI	STRICT 42	
Printed Name		Title	Title		- · · · · · · · · · · · · · · · · · · ·	
September 24, 1990	3	25-1821	11			
Date	Te	lenhone No	2			

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.