5NMOCD

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DISTRICT!
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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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	T	OTRAN	NSPORT C	IL AND NA	TURAL G	AS				
Operator					Weil A			API No.		
DUGAN PRODUCTI	ON CORP.	•					30_045_2	4315		
P.O. Box 420, Farm	minaton h	NM 874	100							
Reason(s) for Filing (Check proper box		1111 07-	T J J	Out	es (Please expl	ain)	,			
New Well		Change in T	Transporter of:	Eff	ective 9	/1/92				
Recompletion	Oil		Dry Gas	<u> </u>						
Change in Operator X	Casinghead		Condensate X			· ··				
If change of operator give name and address of previous operator	ľexaco Exp	loration	on & Prod	luction In	c., 3300	North I	Butler, I	Farmingt	on, NM 874	
II. DESCRIPTION OF WEL	LANDLEA	SF								
Lease Name		Well No. I	Pool Name, Incl	uding Formation			of Lease No.			
Mae Gale Com		1E	Basin I	Dakota		State	Federal of Fe	اك		
Location										
Unit LetterM	:790_	J	Feet From The .	South_Lin	and <u>790</u>	<u> </u>	eet From The.	West	Line	
24 Town	29N		_	11W N	erm e	San Jua	n		County	
Section 24 Town	ship 2514	I	Range	, NI	мрм,	<u> </u>	•		County	
II. DESIGNATION OF TRA	ANSPORTER	R OF OH	LAND NAT	URAL GAS						
Name of Authorized Transporter of Oil		or Condens		Address (Giv	e address 10 w	hich approved	copy of this f	orm is so be s	ens)	
Giant Refining Inc.				x 256, F						
	ne of Authorized Transporter of Casinghead Gas or Dry Gas 🔀		, i .	Address (Give address to which approved copy of this form is to be sent)						
El Paso Natural Gas					P.O. Box 4990, Farmingt Is gas actually connected? When					
If well produces oil or liquids, give location of tanks.	Unit  S  M	-	Iwp.   Rg 29N  11W	yes	y commence.		•			
If this production is commingled with the					ber:					
V. COMPLETION DATA	•							···		
Designate Type of Completic	on - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl.	. Ready to F	rod.	Total Depth	L	<del></del>	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	Name of Producing Formation		Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations			<u> </u>				Depth Casing Shoe			
				D (W) (E) TE	IC DECOR		<u> </u>			
				D CEMENTI	CEMENTING RECORD		SACKS CEMENT			
HOLE SIZE	CASI	ING & TUE	SING SIZE		DEPTH SET			SAONS SEMENT		
							1			
V. TEST DATA AND REQU	EST FOR A	LLOWA	BLE	and the second on a second	eread top all	oundle for the	is death as he i	for full 24 hou	σe }	
OIL WELL (Test must be after	Date of Test		load oil and mi	Producing Me	thod (Flow, p	ump, kas lift,	etc.)	01 121 102	E.	
Date First New Oil Run To Tank	Date of Tex				, .,		•		18	
Length of Test	Tubing Press	sure		Casing Press	ıre		Choke Size		- 13	
							C . MOC		1111	
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.		٠	NE E	E A D		
	L					<del></del>	N Pro	200	,	
GAS WELL					4.0100		STONE FOR	7 0 193		
Actual Prod. Test - MCF/D	Length of To	est		Bbls. Conden	sate/MMCr	•	012410	COLOGINAL PARTY	DIÃ:	
The state of the land and	Tubing Pres	Tubing Pressure (Shut-in)		Casing Press	Casing Pressure (Shut-in)		CON. DIV.			
esting Method (pitot, back pr.)								Disir		
VI. OPERATOR CERTIF	ICATE OF	COMPI	JANCE				.~.	D. 11016	<b>N.</b> I	
I hereby certify that the rules and re	gulations of the C	Dil Conserva	ıtion		OIL CON	NOEHV.	AHON	אפועוטו	JI <b>N</b>	
Division have been complied with a	and that the inform	nation given	above			_	SEP 10	1992		
is true and complete to the best of n	ny knowledge and	ocuel.		Date	Approve	d				
- Klad Oliver						7	$\sim d$			
Signature .				By_		مينده		rong		
"I'm L. Jagobs			logist			SUPER	IVISOR D	STRICT	#3	
Frinted Name 9/9/92			Title	Title		· • · · · · · · · · · · · · · · · · · ·		<u> </u>		
9/9/92 Date	****		-1821 hone 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.

2) You can serious I II III and VI for changes of operator, well name or number, transporter, or other such changes.