5 NMOCD

Submit 5 Copies
Appropriate District Office
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

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

1 File

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	· 	TO TRAN	ISPORT OI	L AND NA	TURAL G	AS				
Operator DUGAN PRODUCTION CO	Wel			II API No.						
Address	JKP.									
P.O. Box 420, Farm	ington,	NM 8749	99							
Reason(s) for Filing (Check proper bax) New Well	on(s) for Filing (Check proper bax) X Other (Please explain) NAME CHANGE									
Recompletion	Change in Transporter of: Oil Dry Gas Dugan Production purchased this well from									
Change in Operator Casinghead Gas Condensate ARCU effective 9-1-89. We are changing name from APCO STATE #101 to PANCH #101 **										
If change of operator give name and address of previous operator ARCO 0il & Gas Company - P.O. Box 1610, Midland, TX 79702										
IL DESCRIPTION OF WELL										
Lease Name	Well No. Pool Name, Includ			ling Formation Kind			of Lease No.		ease No.	
**RANCH	101 Armenta			Gallup Stat			Federal or Fee E-6515			
Location Heir Letter B	E12			la salala	0000					
Unit LetterB	_ :512	Fe	et From The	North Lin	e and	F	et From The _	East	Line	
Section 16 Townsh	ip 29	N R	ange 10W	, NI	MPM, S	<u>an Juan</u>			County	
III. DESIGNATION OF TRAN	SPORTE	R OF OIL	AND NATU	RAL GAS						
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be .								rm is to be se	ent)	
Giant Refinery Name of Authorized Transporter of Casinghead Gas (X) or Dry Gas				P.O. Box 256, Farmington, NM 87499						
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas El Paso Natural Gas Co.				Address (Give address to which approved copy of this form is to be sent) P.O. Box 4990, Farmington, NM 87499						
well produces oil or liquids, Unit Sec. Twp. Rge			vp. Rge.	Is gas actually connected? When?						
rive location of tanks.				<u></u>						
If this production is commingled with that IV. COMPLETION DATA	Irom any othe	r lease or poo	l, give comming	ling order numb	er:					
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		. Ready to Pro	<u> </u>	Total Depth			P.B.T.D.		J.,	
							1.3.1.5.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations					Depth Casing Shoe					
		IDDIG G	enie w				<u> </u>			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET				CKS CEME	ENIT	
	CASING & TODING SIZE			DEF IN SET			SACKS CEMENT			
						t				
V. TEST DATA AND REQUES	T FOR AI	LOWABI	LE	<u>L</u>			l			
OIL WELL (Test must be after re	Date of Test	d volume of lo	ad oil and must					full 24 hour	s.)	
Date First New Oil Run To Tank	Producing Me	thod (Flow, pw	np, gas lift, e	tc.)						
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
									·····ca	
tual Prod. During Test Oil - Bbls.				Water - Bbls.			FEITTE			
C. C. W. W. Y.	L				··· -	101	EVS			
GAS WELL Actual Prod. Test - MCF/D	Bbls. Condens	ate/MMCF		CREED TO CA	1000					
Actual Prod. Test - MCF/D Length of Test				Sold Colonia Strivici			0 1 7 0 1 3 0 3			
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			DIST. 3			
VI. OPERATOR CERTIFICA	ATE OF (COMPLL	ANCE					_		
I hereby certify that the rules and regulations of the Oil Conservation					IL CON	SERVA	ATION D	IVISIO	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Data Assault					
90 1/1/2					Date ApprovedSEP 26 1989					
James A. Wilge										
Signature Thomas A. Dugan President					By Sin Share					
Printed Name Title					٠.,	SUPER	RVISION	ISTRIC:	C#3	
9-22-89 Date	32	5-1821 Telephon	e No.	Title_				-		
				1						

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.