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

DUGAN PRODUCTION CORP.

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

Well API No.

30-045-09401

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Operator

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

P.O. Box 420, F Reason(s) for Filing (Check propose New Well Recompletion Change in Operator If change of operator give name and address of previous operator	er bax) Oil	NM 8	7499								
New Well Recompletion Change in Operator If change of operator give name and address of previous operator	Oil					- /D/ 1					
Recompletion Change in Operator Utchange of operator give name and address of previous operator		<u> </u>	_			es (Please explo	201)				
Change in Operator If change of operator give name and address of previous operator			n Transpor								
If change of operator give name and address of previous operator		_	Dry Gas			Effect	ive 5-1	-90			
and address of previous operator	Casinghe	2d Gas	Condens	cate XX	-						
<u>-</u>											
L DESCRIPTION OF V	WELL AND LE	EASE									
Lease Name		Well No.	Pool Na	me, includ	ling Formation			Kind of Leave		Lease No.	
McKenzie		1	ł	Basin	Dakota		Staté	Federal or Fe	• NM 02	<u>4158</u>	
Location B	93	30		N	orth ,,,	2 and 1990		eet From The	East	Line	
Unit Letter	:	·	_ Feet Fro	MD 106				ect From The			
Section 20	Township 30N		Range	12W	, NI	ирм , San J	uan			County	
II. DESIGNATION OF	TRANSPORT	ER OF C	IL ANI	NATU	RAL GAS					. 	
Name of Authorized Transporter	* i	or Conde	nsale	хx	1 .	e address to wh				eni)	
Giant Refining In	c					x 256, F					
Name of Authorized Transporter El Paso Natural G		no char		Ess XX	Address (Giw	e address to wh	ich approve	d copy of this fe	orm is to be si	ent)	
well produces oil or liquids, Unit Sec.			Twp.		Is gas actually connected?			When ?			
ive location of tanks.	i B	20	30N	12W	yes						
f this production is commingled v	with that from any o	ther lease of	r pool, give	commingl	ing order numb	xer:					
V. COMPLETION DAT				_							
Designate Type of Com		Oil Wel	ı G	as Weil	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		npi. Ready t	o Prod.		Total Depth	<u></u>	L	P.B.T.D.	<u> </u>	<u> </u>	
vaii openio		· ·			-						
Elevations (DF, RKB, RT, GR, etc.	c.) Name of	Producing F	onnation		Top Oil/Gas I	-ay		Tubing Dept	th		
								Depth Casin	g Shoe		
Perforations								, D. J.	8		
		איממו דד	CACIN	C ANTO	CENTENTIN	AC BECOP	<u></u>				
					CEMENTING RECORD			SACKS CEMENT			
HOLE SIZE		ASING & T	UBING S	125		DEPTH SET		 	WICHO OF WI	<u>-:::</u>	
	1										
											
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			A D								
	QUEST FOR	ALLOW	ABLE						For 6,11 24 L		
OIL WELL (Test must b	be after recovery of t	ALLOW	ABLE of load oi	il and must					for full 21 has		
OIL WELL (Test must b	be after recovery of t	iotal volume	ABLE	ll and must		exceed top allo thod (Flow, pu		esc.)	for full 2s ha		
V. TEST DATA AND REDIL WELL (Test must be Date First New Oil Run To Tank	be after recovery of t	est	ABLE of load of	I and must		thod (Flow, pu			for full 23 hay	7 1990	
OIL WELL (Test must be Date First New Oil Run To Tank Length of Test	be after recovery of t Date of T	esane es	ABLE of load oi	il and must	Producing Me	thod (Flow, pu		esc.)	APS 2		
OIL WELL (Test must be Date First New Oil Run To Tank Length of Test	Date of T	esane es	ABLE of load of	il and must	Producing Me	thod (Flow, pu		Choke Size	APS 2.1	N. OF	
OIL WELL (Test must be Date First New Oil Run To Tank Length of Test Actual Prod. During Test	Date of T	esane es	ABLE of load oi	I and must	Producing Me	thod (Flow, pu		Choke Size	APS 2.1	7 1990 Ni. 1917	
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INSTRUCTIONS: This form is to be hi

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 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.

