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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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator DUGAN PRODUCTION CORP.	Well API No.
Address P.O. Box 420, Farmington, NM 87499	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Well Completion <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/> Other (Please explain) Pool Redesignation Per NMOCD Order No. R-8769 Effective 11-1-88	
Signature of operator give name Address of previous operator	

DESCRIPTION OF WELL AND LEASE

Well Name Line	Well No. 1	Pool Name, Including Formation Twin Mounds Fruitland Sand PC	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location Unit Letter 0 : 660 Feet From The South Line and 1980 Feet From The East Line Section 33 Township 30N Range 14W , NMPM San Juan County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Designation of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Designation of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Paso Natural Gas Company (no change)	P.O. Box 4990, Farmington, NM 87499					
Does it produce oil or liquids, location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?

If production is commingled with that from any other lease or pool, give commingling order number.

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res v	Diff Res v
Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
Locations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
Locations			Depth Casing Shoe					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE

WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

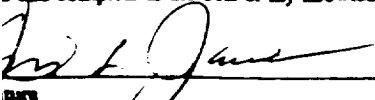
First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Pressure of Test	Tubing Pressure	Casing Pressure	Choke Size
Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

WELL

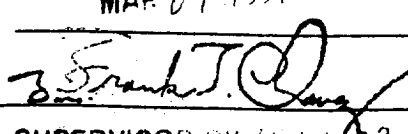
Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity
Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


John L. Jacobs
Geologist
September 24, 1990
325-1821
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **MAR 01 1991**
By 
Title **SUPERVISOR DISTRICT 13**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

All sections of this form must be filled out for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

Separate Form C-104 must be filed for each pool in multiply completed well.