5 NMOCD

1 File

Schmit 5 Cooles
Appropriate District Office
DISTRICT J
P.O. Box 1980, Hobbs, NM 88240

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

OIL CONSERVATION DIVISION

State of New Mexico

Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	DEO!	IECTE		NA/Δ1	BLE AND A	UTHORI	ZATION				
J.											
Operator								/ell API No.			
DUGAN PRODUCTION CORP.							30-	30-045-22571			
Address						N.					
P.O. Box 420, Farming Reason(s) for Filing (Check proper box)	ngton,	NM 8	7499		Other	(Please expl	ain)				
New Well		Change in	Transporter	of:		. ,	,				
Recompletion	Oil		Dry Gas			Effect	ive 5-1	-90			
Change in Operator	Casinghea	ıd Gas 🗌	Condensate	<u> </u>							
If change of operator give name and address of previous operator											
IL DESCRIPTION OF WELL	ANDIE	ACF									
Lease Name	Well No. Pool Name, Includ						of Lease No.				
Mucho Deal		1E	<u> </u>	3asin	Dakota		State	Federal or Fee	NM 255	15	
Location	18	50			South	180	n		West		
Unit Letter	Feet From The		The	Line and			Feet From TheLine				
Section 14 Townshi	30N		Range	14W	. NM	IPM,	Sai	n Juan		County	
36404 2011231	<u> </u>										
III. DESIGNATION OF TRAN	SPORTE			UTAN	RAL GAS			4 445-6	is as he sa		
Name of Authorized Transporter of Oil or Condensate XX Giant Refining Inc.					1			d copy of this fo		ni)	
Name of Authorized Transporter of Casing	the ad Gas		or Dry Gas	IXXI				d copy of this fo		nt)	
El Paso Natural Gas Co		o chan	, -	ننت							
If well produces oil or liquids,	Unit	Sec. 14	30N	Rge 14W	Is gas actually	connected?	Whe	n ?	129	- 8 0	
give location of tanks.	11							4-28-80			
If this production is commingled with that i	from any oth	ser lease or	pool, give co	emningl	ing order numbe	ar		 			
IV. COMPLETION DATA		Oil Well	Gas V	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)				i		<u> </u>	<u>i </u>			
Date Spudded	Date Comp	pl. Ready to	Prod.		Total Depth			P.B.T.D.			
					Top Oil/Gas Pay			Tubica Doub			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Old Carrier			Tubing Depth			
Perforations	<u> </u>							Depth Casing	Shoe		
TUBING, CASING ANI							D	SACKS CEMENT			
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
	 			-							
V. TEST DATA AND REQUES OIL WELL (Test must be after re	T FOR A	LLOW	ABLE		he saval to or a	reed ton alla	mable for th	is denthus be f	full 24-box	rhe m ~	
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Tes		oj ioda ou ar	21 //11/51	Producing Met				EEE	AFIL	
PARE FIRE FOR CHI NAME TO THE											
Length of Test Tubing Pressure					Casing Pressure			Chold Se APR 2 7 1990			
O'I Piv					Water - Bbis.			Gas- MCE			
Actual Prod. During Test	Oil - Bbis				Walet - Bolk			Gas-MOIL CON. DIV			
	1				<u> </u>				DIST.	3	
GAS WELL Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of C	Gravity of Condensate		
					· · · · · · · · · · · · · · · · · · ·			_!			
Testing Method (puot, back pr.)	Tubing Pre	ssure (Shut	-m)		Casing Pressur	e (Shut-in)		Choke Size		•	
					i						
VL OPERATOR CERTIFIC.				Ξ		II CON	ISERV	ATION I	DIVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION						
is true and complete to the best of my k	nowledge ar	nd belief.			Date.	Approve	d	APR 2	7 1990		
						r- F					
An I flack					∥ ву		3	<u> (1)</u>	Then,	<u> </u>	
Signature Jim L. Jacobs	= =	Ge	ologist		∥ ′		SH	PERVISOR	DISTRIC	T #3	
Printed Name			Title	_	Title_					., 40	
4-26-90		32	5-1821		11	_			•		

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

Date

- 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.

325-1821 Telephone No.

- 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.

