5 NMOCD

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

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

1 File State of New Mexico

Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe New Mexico, 87504-2088

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

		34	ша ге,	TACM TAT	icyim 017	J-4-2000					
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	BEOL	IECT E		LONAZAS	DI E ANID	ALITHODI	ZATION				
I.						AUTHORI TURAL GA					
Operator	TO TRANSPORT OIL AND NATURA						Well API No.				
DUGAN PRODUCTION	N CORE	·							 		
Address P.O. Box 420, Farmi	naton	NM 9	77100			•					
Reason(s) for Filing (Check proper box)	ngton,	14101 07	433		Oth	es (Please expl	ain)				
New Well		Change in	Transpor	ter of:							
Recompletion 📙	Oil		Dry Gas				Effe	ctive 5-1	L-90		
Change in Operator	Casinghea	ad Gas 🗌	Condens	rate (A)							
f change of operator give name and address of previous operator											
L DESCRIPTION OF WELL	AND LE		(D. 131	- T11			l Vind	of Lasca	1	ease No.	
Horace Smith		Well No. Pool Name, Including 1R Basin [Kind of Lease State Federal or Fee		NM 0206994	
Location	1640		,		Couth	1120		·	Fact		
Unit Letter	_ :		Feet Fro	en The	South Lin	e and	J Fi	eet From The _	East	Line	
Section 26 Townshir	30N		Range	14W	. N	MPML San	Juan			County	
II. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	OF OF O	- Cate		RAL GAS	e address so wh	hich approved	copy of this fo	rm is to be se		
Giant Refining Inc.				XX	P.O. Box 256, Farmington						
Name of Authorized Transporter of Casing				ias XX		e address so wh				nt)	
El Paso Natural Gas Co		o chan		· -			170	2			
f well produces oil or liquids, ive location of tanks.	Unit I	Sec. 26	30N	Rec 14W	Is gas actually Yes	y connected?	When	1 ?	5-13-8	31	
this production is commingled with that	from any oth	er lease or	pool, give	comming	ling order num	ber:					
V. COMPLETION DATA		10::11:		T7 11	1 27 271 11	1 11/- 1	1 D	Plug Back	Same Per'v	Diff Res'v	
Designate Type of Completion	- (X)	Oil Well	j G	as Well	New Well	Workover	Deepen	l Ling Back i	Pattie Mez A	Jan Res	
Date Spudded		pi. Ready to	Prod		Total Depth			P.B.T.D.			
					Top Oil(Cos)	5 -17					
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
Perforations	1				<u> </u>			Depth Casing	Shoe		
					CEMENTI	NG RECOR	D	S	ACKS CEM		
HOLE SIZE	CA	SING & TU	BING SI	ZE		DEP IN SET	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		AONS OLIVI		
								<u> </u>			
. TEST DATA AND REQUES	TEOP	HOW	RIF					<u> </u>			
)IL WELL (Test must be after to	ecovery of to	sal volume	of load oi	l and must	be equal to or	exceed top allo	wable for thi	s depth garbe fo	eful 24 have	(1) to the	
Date First New Oil Run To Tank	Date of Te					thod (Flow, pu			TEE	IVE	
at at Tax	Tubing Pre				Casing Pressu	ire		Choke biss	400a	1200	
ength of Test	- AMIL	MITE						APR27	1330		
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF	COM	4. DIV	
	<u>!</u>								उन्हर		
GAS WELL	71	-			IBble Conden	=:eAMCE		Gravity of Co	onden sale		
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			And the state of t			
esting Method (pilot, back pr.)	Tubing Pressure (Shut-m)			Casing Pressure (Shut-in)			Choke Size				
	1				 -i		:	1			
L OPERATOR CERTIFIC				CE		DIL CON	ISERV	ΑΤΙΩΝ Γ	ואואוכ	N	
I hereby certify that the rules and regular Division have been complied with and t	ations of the	Oil Conser	vation								
is true and complete to the best of my it	mowledge 2:	nd belief.			Date	Approve	d	APR 2	7 19 90		
9						- Approve	-				
Jane 1 Jane					By_		7	1) 0	1	,	
Signature Jim L. Jacobs		Ge	ologis	st	-, -		D.	·/-/, \.	Jerapan Jerapa		
Printed Name			Title		Title		SUP	ERVISOR	DISTRICT	* #3	
4-26-90 Date			5-1821 phone No			**					
			•		11						

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.

grandly of the second s AND THE