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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							Well A				
DUGAN PRODUCTIO	N CORP							30-045-25	354		
Address	T COK!	•									
P.O. Box 420, Farmi	naton	NM 8	7499	1							
Reason(s) for Filing (Check proper box)	ngton,	TTIVI O	7433	<u> </u>	l Oth	es (Please expla	in)				
		Change in	Trans	morter of:	لسا		·				
New Well	Oil		Dry				. • <b>-</b> .				
Recompletion	Casinghea	d Gre		lensate XX		£ffec.	tive 5-1	L-90			
Change in Operator	CAMBRICA		Conc					<del></del>			
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LEA		,						<del></del>	ase No.	
Lease Name		Well No.	Pool	Name, Includi	_		Kind o	of Lease Federal or Fee	_		
Sly Slav		1	<u> </u>	Basin	Dakota		,,		<sup>)</sup>   30-01	08/5	
Location 0		790	Feet	From The	South Line	e and 1600	) Fe	et From The	East	Line	
Unit Letter	30N			1 5 1.1		MPM,	San	Juan		County	
Section 13 Townshi	р		Rang	1011	, Ni	virivi,		ouun			
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL A	ND NATU	RAL GAS						
Name of Authorized Transporter of Oil		or Conde		[XX]	Address (Giv	e address to wh	ich approved	copy of this for	m is to be se	nt)	
Giant Refining Inc.				الكلكا	P.O. Bo	x 256, Fa	armingto	on, NM 8	7499		
Name of Authorized Transporter of Casin	ghead Gas		or D	y Gas XX	Address (Giv	e address to wh	ich approved	copy of this for		ni)	
Dugan Production Corp	•					x 420, Fa			7499		
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge	is gas actual)	y connected?	When	?			
give location of tanks.	0	13	300		yes		3-10	) <del>-</del> 83			
If this production is commingled with that	from any oth	er lease or	pool,	give commingl	ing order num	ber:	·				
IV. COMPLETION DATA		1			1	1 377 - 3	D	Dive Back S	'ama Par'y	Diff Res'v	
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back S		Dill Kesv	
Date Spudded	Date Comp	ol. Ready to	Prod		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	varne of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
1	1								Death Casing Shoe		
	<u> </u>				<u> </u>			Dawh Casing	Shoe		
Perforations	<u> </u>				<u> </u>			Depth Casing	Shoe		
Perforations						VC PECODI		Depth Casing	Shoe		
Perforations					CEMENTI	NG RECORI	D			ENT	
Perforations  HOLE SIZE		UBING,			CEMENTI	NG RECORI	D		Shoe	ENT	
					CEMENTI		D			ENT	
					CEMENTI		D			ENT	
					CEMENTI		D			ENT	
HOLE SIZE	CAS	SING & TU	JBING	SSIZE	CEMENTI		D			ENT	
HOLE SIZE  V. TEST DATA AND REQUE	CAS ST FOR A	SING & TU	JBING	S SIZE		DEPTH SET		SA	ACKS CEMI		
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HOLE SIZE  V. TEST DATA AND REQUE	CAS ST FOR A	SING & TO	JBING	S SIZE	be equal to or	DEPTH SET	wable for this	SA	ACKS CEMI		
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HOLE SIZE  V. TEST DATA AND REQUES OIL WELL (Test must be after to Date First New Oil Run To Tank  Length of Test  Actual Prod. During Test	CAS ST FOR A recovery of to Date of Tes	ALLOW	JBING	S SIZE	be equal to or Producing Me	exceed top allo	wable for this mp, gas lift, e	depth or be for	7 1990		
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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.