

District I  
PO Box 1980, Hobbs, NM 88241-1980  
District II  
811 South First, Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

Form C-104  
Revised October 18, 1994  
Instructions on back  
Submit to Appropriate District  
5 Copies

☐ AMENDED

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

<sup>1</sup> Operator name and Address Dugan Production Corp. P. O. Box 420 Farmington, NM 87499-0420 (505)325-1821		<sup>2</sup> OGRID Number 006515
		<sup>3</sup> Reason for Filing Code NW
<sup>4</sup> API Number 30 - 045-30731	<sup>5</sup> Pool Name Twin Mounds Fruitland Sand PC	<sup>6</sup> Pool Code 86620
<sup>7</sup> Property Code 003865	<sup>8</sup> Property Name Turk's Toast	<sup>9</sup> Well Number 9

II. <sup>10</sup> Surface Location

UL or lot no. P	Section 18	Township 30N	Range 14W	Lot Idn	Feet from the 915'	North/South Line South	Feet from the 665'	East/West line East	County San Juan
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<sup>11</sup> Bottom Hole Location

UL or lot no. P	Section 18	Township 30N	Range 14W	Lot Idn	Feet from the 915'	North/South line South	Feet from the 665'	East/West line East	County San Juan
<sup>12</sup> Lse Code	<sup>13</sup> Producing Method Code	<sup>14</sup> Gas Connection Date	<sup>15</sup> C-129 Permit Number	<sup>16</sup> C-129 Effective Date	<sup>17</sup> C-129 Expiration Date				

III. Oil and Gas Transporters

<sup>18</sup> Transporter OGRID 151618	<sup>19</sup> Transporter Name and Address El Paso Field Services 614 Reilly Ave., Farmington, NM 87401	<sup>20</sup> POD 2813279 <del>2831013</del>	<sup>21</sup> O/G G	<sup>22</sup> POD ULSTR Location and Description Dugan's Turk's Toast CDP gas meter located at: H-6-29N-14W

IV. Produced Water

<sup>23</sup> POD 2831014	<sup>24</sup> POD ULSTR Location and Description
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V. Well Completion Data

<sup>25</sup> Spud Date 10/29/01	<sup>26</sup> Ready Date 12/14/01	<sup>27</sup> TD 1,230'	<sup>28</sup> PBDT 1,124'	<sup>29</sup> Perforations 913'-1,070'	<sup>30</sup> DHC, DC, MC
<sup>31</sup> Hole Size 8-3/4"	<sup>32</sup> Casing & Tubing Size 7"	<sup>33</sup> Depth Set 120'	<sup>34</sup> Sacks Cement 50 sacks Class "B" neat w/ 1/4# celloflake		
6-1/4"	4 1/2"	1,224'	70 sx. 2% Lodense w/ 1/4# celloflake/sx.		
	2-3/8" tubing	1,090'	Tail w/ 60 sx. Class "B" neat		

VI. Well Test Data

<sup>35</sup> Date New Oil --	<sup>36</sup> Gas Delivery Date N/A	<sup>37</sup> Test Date 12/11/01	<sup>38</sup> Test Length 24 hrs	<sup>39</sup> Tbg. Pressure 20	<sup>40</sup> Csg. Pressure 260
<sup>41</sup> Choke Size 2"	<sup>42</sup> Oil 0	<sup>43</sup> Water 150	<sup>44</sup> Gas 50	<sup>45</sup> AOF --	<sup>46</sup> Test Method F

TOTAL: 180 sx.

<sup>47</sup> I hereby certify that the rules 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. Signature: <i>John Alexander</i> Printed name: John Alexander Title: Vice-President Date: January 7, 2001 Phone: (505)325-1821		OIL CONSERVATION DIVISION Approved by: <i>CHARLIE T. P...</i> Title: <i>DEPUTY OIL &amp; GAS INSPECTOR, DIST. 3</i> Approval Date: <i>JAN 22 2002</i>	
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<sup>48</sup> If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature	Printed Name	Title	Date
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IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED  
"AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°.  
Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must  
be accompanied by a tabulation of the deviation tests conducted in  
accordance with Rule 111.

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

Fill out only sections I, II, III, IV, and the operator certifications for  
changes of operator, property name, well number, transporter, or  
other such changes.

A separate C-104 must be filed for each pool in a multiple  
completion.

Improperly filled out or incomplete forms may be returned to  
operators unapproved.

1. Operator's name and address
2. Operator's OGRID number. If you do not have one it will  
be assigned and filled in by the District office.
3. Reason for filing code from the following table:  
NW New Well  
RC Recompletion  
CH Change of Operator (Include the effective date.)  
AO Add oil/condensate transporter  
CO Change oil/condensate transporter  
AG Add gas transporter  
CG Change gas transporter  
RT Request for test allowable (Include volume  
requested)  
If for any other reason write that reason in this box.
4. The API number of this well
5. The name of the pool for this completion
6. The pool code for this pool
7. The property code for this completion
8. The property name (well name) for this completion
9. The well number for this completion
10. The surface location of this completion NOTE: If the  
United States government survey designates a Lot  
Number for this location use that number in the 'UL or lot  
no.' box. Otherwise use the OCD unit letter.
11. The bottom hole location of this completion
12. Lease code from the following table:  
F Federal  
S State  
P Fee  
J Jicarilla  
N Navajo  
U Ute Mountain Ute  
I Other Indian Tribe
13. The producing method code from the following table:  
F Flowing  
P Pumping or other artificial lift
14. MO/DA/YR that this completion was first connected to a  
gas transporter
15. The permit number from the District approved C-129 for  
this completion
16. MO/DA/YR of the C-129 approval for this completion
17. MO/DA/YR of the expiration of C-129 approval for this  
completion
18. The gas or oil transporter's OGRID number
19. Name and address of the transporter of the product
20. The number assigned to the POD from which this product  
will be transported by this transporter. If this is a new  
well or recompletion and this POD has no number the district  
office will assign a number and write it here.
21. Product code from the following table:  
O Oil  
G Gas
22. The ULSTR location of this POD if it is different from the  
well completion location and a short description of the  
POD (Example: "Battery A", "Jones CPD", etc.)
23. The POD number of the storage from which water is  
moved from this property. If this is a new well or  
recompletion and this POD has no number the district  
office will assign a number and write it here.
24. The ULSTR location of this POD if it is different from the  
well completion location and a short description of the  
POD (Example: "Battery A Water Tank", "Jones CPD  
Water Tank", etc.)
25. MO/DA/YR drilling commenced
26. MO/DA/YR this completion was ready to produce
27. Total vertical depth of the well
28. Plugback vertical depth
29. Top and bottom perforation in this completion or casing  
shoe and TD if openhole
30. Write in 'DHC' if this completion is downhole commingled  
with another completion, 'DC' if this completion is one of  
two non-commingled completions in this well bore, or  
'MC' if there are more than three non-commingled  
completions in this well bore.
31. Inside diameter of the well bore
32. Outside diameter of the casing and tubing

33. Depth of casing and tubing. If a casing liner show top  
and bottom.

34. Number of sacks of cement used per casing string

If the following test data is for an oil well it must be from a test  
conducted only after the total volume of load oil is recovered.

35. MO/DA/YR that new oil was first produced
36. MO/DA/YR that gas was first produced into a pipeline
37. MO/DA/YR that the following test was completed
38. Length in hours of the test
39. Flowing tubing pressure - oil wells  
Shut-in tubing pressure - gas wells
40. Flowing casing pressure - oil wells  
Shut-in casing pressure - gas wells
41. Diameter of the choke used in the test
42. Barrels of oil produced during the test
43. Barrels of water produced during the test
44. MCF of gas produced during the test
45. Gas well calculated absolute open flow in MCF/D
46. The method used to test the well:  
F Flowing  
P Pumping  
S Swabbing  
If other method please write it in.
47. The signature, printed name, and title of the person  
authorized to make this report, the date this report was  
signed, and the telephone number to call for questions  
about this report
48. The previous operator's name, the signature, printed  
name, and title of the previous operator's representative  
authorized to verify that the previous operator no longer  
operates this completion, and the date this report was  
signed by that person