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Appropriate District Office
DISTRICT!
P.O. Box 1980, Hobbs, NM 88240

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

O. Drawer DD, Arlesia, NM 88210		Sar	nta Fe, Ne	ew Me:	xico 87504	1-2088					
STRICT III 00 Rio Brazos Rd., Azlec, NM 87410	REQUE	ST FO	OR ALLC)WABI	LE AND A	UTHORIZ	ATION				
	TO	O TRA	NSPOR	TOIL	AND NAT	URAL GA	S Wal A	Pl No			
DUGAN PRODUCTION	CORP.						1	30 045 10897			
Adress											
P.O. Box 420, Farmin					Other	(Please explain	n)				
lew Well	C		Transporter	of:	Effe	ctive 9/1	1/92				
ecompletion X	Oil Casinghead	Gas 🗀	Dry Gas Condensate								
change of operator give name d address of previous operator Tex	aco Exp	1orat	ion & P	roduc	tion Inc	., 3300 1	North B	utler, F	armingto	on, NM 8	
I. DESCRIPTION OF WELL	AND LEAS	SE					V:	()	1.	23se No.	
Mexico Federal M	\	Well Na 1	Pool Name Basi	, Includio in Dal	ng Formation kota			Lease ederallor Fee	1		
Location K	. 1850)	Feet From	The	South Lim	aod	.850 Fe	et From The	West	Line	
Unit Letter	31N		Range	13W			ı Juan			County	
0.000											
II. DESIGNATION OF TRAN	SPORTER	OF O	IL AND I	NATUI	RAL GAS	e address to whi	ich approved	come of this fo	orm is to be se	ent)	
Name of Authorized Transporter of Oil		or Conde	sate X	\mathbf{X}	71000000	$\frac{333723310}{000}$				•	
Giant Refining Inc.			D C	. [32	P.O. B	OX 250, I e address 10 wh	ich approved	copy of this f	orm is to be se	(אתי	
Name of Authorized Transporter of Casing			or Dry Gas	ı LXX	P.O. E	60x 4990 ,	Farming	gton, NM	87499		
El Paso Natural Gas		Sec.	Twp.	Rge.			When			_	
If well produces oil or liquids, give location of tanks.		12		13W							
f this production is commingled with that			pool, give c	:ommingl	ing order numb	жг.					
V. COMPLETION DATA									10 2 :	him b - lu	
		Oil Wel	Gas	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v I	
Designate Type of Completion	- (X)	1			Total Depth		L	P.B.T.D.	<u> </u>		
Date Spudded	Date Compl	l. Ready I	o Prod.		iora izebu			1.5.1.0.			
	No C P	CD. A. Jack Engation				Top Oil/Gas Pay		Tubing Dep	,th		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation										
Perforations	1				.l			Depth Casin	ng Shoe		
		IDDIC	CASINIC	: AND	CEMENTI	NG RECOR	D				
	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
HOLE SIZE	CAS	SING & I	UDING 312	<u></u>							
	 				—						
	 										
	 							<u> </u>			
V. TEST DATA AND REQUE	ST FOR A	LLOY	ABLE			,		ia dantk na ka	for full 24 km	urs.)	
V. TEST DATA AND REQUE OIL WELL (Test must be after t	recovery of 10	tal volum	e of load oil	and mus	i be equal to or	exceed top allowing the lethod (Flow, pr	owable for th	elc.)	ושון זען		
Date First New Oil Run To Tank	Date of Tes		• .		Producing M	ieunou (<i>r iow, pi</i>	nuh' km i i i i				
	1		, .		Casing Press	are		Choke Size	:		
Length of Test	Tubing Pre	जारहरू	. •	. 1.1	1 -						
To the Trans	Oil - Bbls.			<u>ن سا ا</u>	Water - But	J6.		Gas- MCF			
Actual Prod. During Test	OH - BOIL			æ. 11	CON.			1			
				()iL	•		-				
GAS WELL	Length of	Tect			Mar Cold	Sale/MMCF		Gravity of	Condensate		
Actual Prod. Test - MCF/D	Leagun OI	, 604									
Testing Method (pilot, back pr.)	Tubing Pre	essure (S	ut-in)		Casing Pres	sure (Shut-in)		Choke Siz	t		
	1	2001	CDI I A NT	CE	1					ON	
VI. OPERATOR CERTIFIC	JATE OF		ILLIAIN	CE	1	OIL CO				ON	
I hereby certify that the rules and regr Division have been complied with an	Mations of the	COLUMN COOL	ziven above				(SED 1	0 1992		
Division have been complied with an is true-and complete to the best of my	/ moonledge s	nd belief			Dat	e Approve	ed	OEL 1	שטטנ ע		
is not sing conducting to any	-				Dai	• •		L. CHARLE	e gualana Kananan		
John L Jan	~				Bv.				S GHOLSON		
Signature		-	Geologis	st	-,.		Sale Sale				
Jim L. Jacobs			Title		Title	e e	1991 (A. 21)				
Printed Name					- 11 - * ''''			_			

9/9/92

Date

- 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.

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.

