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

1 File

1 Conoco 1 Chorney State of New Mexico

1 Norcen 1 Union Pacific
Form C-104
Revised 1-1-89
See Instrugglans

Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Drawer DD, Artesia, NM 88210		c		30x 2088		200	107	Q 3 (SS	3	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQU	EST FC	nta Fe, New M OR ALLOWA	BLE AND	AUTHORI			ાં ાંડૉ. ઉ	DIV.	
I.		TO TRA	NSPORT OI	L AND NA	TURAL G			7:01. 6		
Operator DUGAN PRODUCTION	Well API No. 30-045-27145									
Address	V CORF.			····		30	J-045-27	145		
P.O. Box 5820, Farm	ington,	NM 87	499-5820							
Reason(s) for Filing (Check proper box)	<u> </u>	-		Ot	her (Please expla	iin)				
New Well			Transporter of:							
Recompletion \Box	Oil	_	Dry Gas \sqcup							
Change in Operator If change of operator give name	Casinghead	Gas	Condensate							
and address of previous operator							<u> </u>			
II. DESCRIPTION OF WELL	AND LEA	SE								
							of Lease No.			
Champ	namp 5			South Bisti Gallup			e, Federal or Fee NM-42059		42059	
Location Unit Letter	_ :215	0	Feet From The	South Li	se and 800	Fe	et From The	East	Line	
Section 5 Townsh	_{ip} 23N		Range 10W			Juan			County	
III. DESIGNATION OF TRAN	SPORTE	R OF OII	I. AND NATU	RAT. GAS						
Name of Authorized Transporter of Oil		or Condens			ve address to wh	ich approved	copy of this fo	orm is to be s	eni)	
Conoco, Inc.					P.O. Box 1429, Bloomfield, NM 87413					
Name of Authorized Transporter of Casinghead Gas X or Dry Gas				Address (Give address to which approved copy of this form is to be sent)						
Dugan Production Co	P.O. Box 5820, Farmington, NM 87499-5820									
If well produces oil or liquids, Unit Sec. Twp. Rge. give location of tanks. C 5 23N 10W				1	ly connected?	When	?			
If this production is commingled with that				No	her		· · · · · · · · · · · · · · · · · · ·			
IV. COMPLETION DATA	nom any out	i icase or p	oo, give connuing	ing order han						
	~~~	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		LXX		j XX			Ĺ		Ĭ	
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
12-8-88		2-27-88		4641 Top Oil/Gas Pay			4566'			
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation  6530' GL; 6542' RKB  Gallup				4329'	1-9		Tubing Depth 4482			
Perforations				4323			Depth Casing Shoe			
4329' - 4525' - Gallup							4643' RKB			
	TT	JBING, C	CASING AND	CEMENTI	NG RECORI	)				
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
12-1/4"	8-5/8" OD			200' RKB			159 cf			
7-7/8"	4-1/2" OD 2-3/8"			4643' RKB			1656_cf			
	·	4482'								
V. TEST DATA AND REQUES	T FOR A	LLOWAI	BLE	<b>1</b>			1			
OIL WELL (Test must be after r	ecovery of tota	il volume of	load oil and must	be equal to or	exceed top allo	wable for this	depth or be fo	or full 24 hou	rs.)	
Date First New Oil Run To Tank	1	Producing Method (Flow, pump, gas lift, etc.)								
12-27-88	12-28-88			<u> </u>	<u>abbing</u>		Choke Size			
Length of Test 6 hours	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			75 psi Water - Bbls			Gas- MCF			
18 BO, 12 MCF, 50 BLW* 72 BOPD				200 BLWPD*			48 MCFD			
	Water is		luid				10 1110			
Actual Prod. Test - MCF/D Length of Test					Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Press	sure (Shut-in	n)	Casing Pressure (Shut-in)			Choke Size			
VL OPERATOR CERTIFIC	ATE OF	COMPI	IANCE							
I hereby certify that the rules and regula	ations of the O	il Conservat	tion	(	DIL CON	SERVA	NOITE	DIVISIO	)N a 100	
Division have been complied with and that the information given above				JAN 2 3 19				23 130		
is true and complete to the best of my knowledge and belief.				Date	· Dale Audioved					
Jul I Jul				ByOriginal Signed by FRANK T. CHAVEZ						
Signantie  Jim L. Jacobs Geologist  Printed Name Title				Title				SUPERVISOR	DISTRICT ## 8	
		225 46	224							

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

Date 20-89

- 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.

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.