5 NMOCD 1 Andes 1 Giant 1 File

NO. OF COPIES RECE	IVED			
DISTRIBUTIO) N			
SANTA FE				
FILE				
U.S.G.S.				
LAND OFFICE				
IRANSPORTER	OIL			
	GAS			
OPERATOR				
PRORATION OFFICE				
0				

NEW MEXICO OIL CONSERVATION COMMISSION

Form C -104

SANTA FE		REQUEST F	OR ALLOWABLE		Supersedes Old C-104 and C-110 Effective 1-1-65
FILE	1	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE		AUTHORIZATION TO TRAN	SPURT OIL AND	TATURAL GAS	
OIL	+ 1				
TRANSPORTER GAS	\Box	/			
OPERATOR		•			
PRORATION OFFICE					
DUGAN PRODUCTION (CORP.				
P O Box 208, Farm	ingto	on, NM 87499			
Reason(s) for filing (Check prope	r box)		Other (Pleas	e explain)	
New Well XX		Change in Transporter of:			ļ
Recompletion		Oil Dry Gas Continuing Gas Condens	\vdash		
Change in Ownership		Casinghead Gas Condens			
f change of ownership give na and address of previous owner	me ———				
DESCRIPTION OF WELL A	ND L	EASE Well No. Pool Name, Including Fo	rmation	Kind of Lease	Lease No.
Mary Anne		3 Basin Dake		State, Federal or F	Fed. NM10089
Location	700	Wost	1650	Feet From The _	South
Unit Letter;	790	Feet From The West Line	and		
Line of Section 9	Town	nship 24N Range	9W , NMP!	u, San	Juan County
DESIGNATION OF TRANS	PORT	ER OF OIL AND NATURAL GAS	5	 	one of this form is to be sent!
Name of Authorized Transporter	c1 O11	or Condensate 🛣			opy of this form is to be sent)
Giant Refining, I	nc.		P 0 Box 256,	Farmington,	opy of this form is to be sent)
Name of Authorized Transporter	of Cast	nghead Gas or Dry Gas 🏋	P 0 Box 208,		
Dugan Production (Unit Sec. Twp. P.ge.	Is gas actually connec		0,133
If well produces oil or liquids, give location of tanks.	i	1 9 24N 9W	No	er number: Annli	eation pending DHC43
If this production is commingle COMPLETION DATA	ed with	of that from any other lease or pool, and that from any other lease or pool, and the foundation of the	New Well Workover	Deepen Pl	ug Back Same Res'v. Diff. Res'v.
Designate Type of Com	pletion		XX		
Date Spudded		Date Compl. Ready to Prod.	Total Depth	į	B.T.D.
12-22-82	l	8-24-83	640		6346 I
Elevations (DF, RKB, RT, CR,		Name of Producing Formation Dakota	632	R'	6314'
6677' GL: 6689' RI	KR	Dakota	002	De	epth Casing Shoe
Perforations 6328-42', 14 hole	5				6409'
0520 42 ; 14 11010		TUBING, CASING, AND	CEMENTING RECO	RD	
101 F 617 F		CASING & TUBING SIZE	DEPTH:	ET	SACKS CEMENT
12-1/4"					59 cf
7-7/8"		8-5/8" 4-1/2"			734 cf in 2 stages
1-1/0		2-3/8"	6314	' RKB	
			ther recovery of total up	lume of load oil and	must be equal to or exceed top allow
TEST DATA AND REQUE	ST FO	OH ALLUWABLE (Test must be a) able for this de	pth or be for full 24 nou	7 5 /	
OIL WELL Date First New Oil Run To Tank	k 9	Date of Test	Producing Method (Flo	ow, pump, gas lift, e	10./
		Tubing Pressure	Casing Pressure	c	hoke Size
Length of Test		Inning Liesanna			VCE
Actual Prod. During Test		Oll-Bbis.	Water - Bbis.	.	as-MCF
			1		
GAS WELL			Bbis. Condensate/MM	CF G	ravity of Condensate
Actual Prod. Test-MCF/D		Length of Test	17.4	ţ	55° API
350 MCFD	<u>. </u>	9 hrs. Tubing Pressure (Shut-in)	Casing Pressure (Sh	rt-in)	thoke Size
Testing Method (pitot, back pr., Back pressure	,	250 psi	1050 ps	i	2"
	IIANO		OIL	CONSERVATI	ON COMMISSION
CERTIFICATE OF COMP	PIVING	J. S	10-17-83		OCT : 1983
I hereby certify that the miles	s and r	egulations of the Oil Conservation	APPROVED	L. 507-W T	,
Commission have been comp	lied w	with and that the information given beat of my knowledge and belief.	BYOriginal S	gned by FRANK T.	CHATLE
above is true and complete	to the	. Dude or my arrestor are the control of]]	SUPERVISOR	Bally T & F
^ <u>-</u>			TITLE	to be filed to se-	pliance with RULE 1104.
		•	II This form is	to be tiled to con	Printed time time - 11211

VI.

V.

V.

Jan & Daugh		
Jim L. Jacobs Geologist	(Signature)	
Ceologist		
	(Title)	
9-21-83		

(Date)

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for sllow-able on new and recompleted wells.

Fill out only Sections I. II. III. and VI for changes of owner, well name or number, or transporter, or other such change of condition.