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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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

Energy, Minerals, and Natural Resources Department

State of New Mexico

Form C-104 Revised I-1-89 See Instructions at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS I.

1 File

									<b>API No.</b> ·045-26519			
DUGAN PR	ODUCTIO	N CORP	•		<del></del>			1 30	-043-203	1.9		
P.O. Box	420, Farmi	ington,	NM 8	749	9							
Reason(s) for Filing (C.			·		-	☐ Ou	es (Please expl	ain)				
New Well												
Recompletion Oil X Dry Gas Change in Operator Casinghead Gas Condensate							211000110 0 1 30					
If change of operator give	e name								- <del> </del>			
and address of previous	<u>-</u>	ANDIE										
IL DESCRIPTION OF WELL AND LEASE  Well No. Por					Pool Name, Including Formation				nd of Lease Lease No.			
Gold Medal		2			n Bisti Gallup			State, Federal or Fee		NM 22044		
Location			1000				2014h 1000					
Unit Letter _	K	_ : <u></u>		Feet	From The	South Lin	e and	F	eet From The	West	Line	
Section	33 <sub>Townshi</sub>	ip 24N		Ran	ge 10W	_, N	<b>мрм</b> , San	Juan			County	
		· · · · · · · · · · · · · · · · · · ·				D. V. G. G						
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil RX or Condensate Address (Give address to which approved copy of this form is to be sent)												
Giant Refining Inc.						P.O. Box 256, Farmington, NM 87499						
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas Address (Give address to which approved copy of this											जर)	
Dugan Produ	<del>. ` </del>						<del></del>	<del></del>				
If well produces oil or li give location of tanks.	Unit I			AN 10W	Is gas actually connected? Yes		When	When ?		4-1-86		
If this production is come		from any other	er lease or	pool,	give comming!	ing order num	ber					
IV. COMPLETIO	N DATA		10			1		,	( ~ ~ .	la <b>5</b> .	born to	
Designate Type of	of Completion	- (X)	Oil Well	!	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	<del> </del>	Date Comp	l. Ready to	Prod	-	Total Depth	<u> </u>	<u> </u>	P.B.T.D.	·		
Floreties (DE PKP P	Name of Po	(D)				Top Oil/Gas Pay			Tubing Doub			
Elevations (DF, RKB, R	INALIZE OF THE	Name of Producing Formation							Tubing Depth			
Perforations						Dep			Depth Casin	epth Casing Shoe		
			UDDIC	<u> </u>	SDIC AND		VC DECOD					
HOLE SI	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT				
									-			
V. TEST DATA A	ND REQUES	T FOR A	LLOWA	BL	Ε				<u> </u>			
<u> </u>	est must be after re	T		of loa	d oil and must					or full 24 hour	3.)	
Date First New Oil Run	Date of Test				Producing Method (Flow, pump, gas lift, et			16.)		INE		
Length of Test		Tubing Pressure				Casing Pressure			Choke Sta		<u>: ;;                                  </u>	
									6. ) (CF	Gas- MCF APR 2 7 1990		
Actual Prod. During Test		Oil - Bbls.				Water - Bbis.			Gae- MCF	CON CONTROL		
CACWELL		<u> </u>								<del>المال المالة</del> العام	7 7 144	
GAS WELL  Actual Prod. Test - MCF	Length of To	Length of Test				Bbls. Condensate/MMCF			DIST. 3 Gravity of Condensate			
Festing Method (pitot, ba	Tubing Pres	Tubing Pressure (Shut-m)				re (Shut-in)		Choke Size	., -			
UT ODED A TOD	CEDTIEIC	ATE OF	COMP	TA	NCE	Γ			<u> </u>			
VL OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION						
Division have been complied with and that the information gives above												
is true and complete to the best of my knowledge and belief.						Date ApprovedAPR 2 7 1990						
to 1 Vand												
Signature						By						
Frimed Name Geologist Tule					Title		SUP	ERVISOR	io District	4.2		
4-26-90 325-1821					ime.	45	-5			_ <del>F-3</del>		
Date Telephone No.						il .	J					

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.