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

State of New Mexico Energy, Minerals and Natural Resources Department Form C-104 Revised 1-1-89 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

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

I.	REQ						AUTHOF		1			
Operator								Well API No.				
DUGAN PRODUCTION CORP.							30 045 28860					
P.O. Box 420, Farm	ington,	NM 8	7499	) 		<del></del>						
Reason(s) for Filing (Check proper box) New Well		<b>.</b>	_			□ α	her (Please exp	olain)				
New Well   X   Recompletion	Oil	Change in	Dry (	-	:   							
Change in Operator	Casinghe	nd Cor		lensate	$\exists$							
If change of operator give name	Catangne	20 025		ED SAIG	<u> </u>							
and address of previous operator												
II. DESCRIPTION OF WELL AND LEASE							The state of the s			of Lease No.		
Jeter 1366 Well No. Pool Name, Includ						State			d of Lease e Federal or Fe	Federal or Fee SF 078155		
Location Jeter / 266 C	/	] 3	] Ba	sin F	<u>ru</u> :	itland C	oal			SF U	78155	
Unit LetterM	_ :79	0	_ Feet 1	From Th	se <u>S</u>	outh Li	ne and79	90	Feet From The	West	Line	
Section 35 Townsh	ip 26	N	Rang	ė		13W , N	імрм,	San Jua	n	<del></del>	County	
III. DESIGNATION OF TRAN	NSPORTI	ER OF O	IL A	ND NA	<b>ATU</b>							
Name of Authorized Transporter of Oil or Condensate							Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casin	obead Gas	O(C)		<del></del>		Address (Gi	w address to s	which approve	ed copy of this	form is to be s	ent)	
Name of Authorized Transporter of Casinghead Gas or Dny Gas XX Duqan Production Corp. 2805783						1				• • • • •		
If well produces oil or liquids,	Unit	Sec.	Twp	Rge		PO Box 420, Farming Is gas actually connected? No			When ?			
give location of tanks.	1	i						i				
If this production is commingled with that  IV. COMPLETION DATA	from any o	her lease or	pool, g	give com	ming	<del></del>	iber:					
Designate Type of Completion		Oil Well	i_	Gas We	ell	New Well XX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		pl. Ready to	Prod.			Total Depth 1320			P.B.T.D.			
12/4/92	4/12/93				Top Oil/Gas Pay				1271'			
Elevations (DF, RKB, RT, GR, etc.) 6258' GL (est)	Name of Producing Formation Fruitland Coal				1188'			Tubing Dep				
Perforations										Depth Casing Shoe		
1188-1228 (Fruitland Coal)						1320'				-		
	TUBING, CASING AND							·				
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET				SACKS CEMENT		
9–1/8"	<del></del>	7"				122'				59 cf		
6-1/4"	41/3"					1320'			273_cf	273 cf		
	1½"					1185'						
V. TEST DATA AND REQUE	ST FOR	ALLOW.	ARIF			L						
-					must	be equal to or	exceed top al	lomable for 1	hi <del>erde</del> pthiör be:	for full 24 hou	ors.)	
OIL WELL (Test must be after recovery of total volume of load oil and must  Date First New Oil Run To Tank  Date of Test							ethod (Flow, p					
Length of Test	Tubing Pressure				Casing Pressure			METHORE SHEA	MAYO 6 3843			
tual Prod. During Test Oil - Bbls.						Water - Bbls.			COAL	CON.		
									DIST. 3			
GAS WELL										<b>***</b>		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of C	Gravity of Condensate			
413 MCFD	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size			
Testing Method (pilot, back pr.)	160				1 -	160			3/4"			
back pressure ! 160  VI. OPERATOR CERTIFICATE OF COMPLIANCE						1[						
I hereby certify that the rules and regul							OIL CO	<b>NSER</b> \	/ATION	DIVISIO	N	
Division have been complied with and that the information given above												
is proe and complete to the best of my knowledge and belief.						Date	Approve	ed $=$ $^{N}$	MAY 1 01	993		
X 21 Varon								_	. 1			
ignature						By Buy						
Jim L. Jacobs/ Geologist  Finaled Name Title					Title SUPERVISOR DISTRICT #3							
5/4/93 Date			5-18 phone				*					
- <del></del>			,			11						

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.