5 NMOCD Submit 5 Copies
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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe New Mexico 87504-2088

Drawer DD, Arlesia, NM 88210	P.O. Box Santa Fe, New Mex	ico 87504-2088			
IRICT III) Rio Brazos Rd., Aziec, NM 87410	REQUEST FOR ALLOWABL TO TRANSPORT OIL A	E AND AUTHORIZAT IND NATURAL GAS			
	10 minor ex				
DUGAN PRODUCTION	CORP.		30 045 10897		
P.O. Box 420, Farmin	gton, NM 87499	Other (Please explain)			
ason(s) for Filing (Check proper box) w Well	Change in Transporter of:	Effective 9/1/	92		
completion U	Oil Dry Gas Casinghead Gas Condensate				
ange in Operator X	Casinghead Gas Condensate Condens	tion Inc., 3300 No.	rth Butler, Far	mington, NM 874	
address of previous operator					
DESCRIPTION OF WELL A	ND LEASE Well No. Pool Name, Including Formation		Kind of Lease	Lease No.	
ease Name	1 Blanco Mesaverde		State Federal or Fee	502185	
Mexico Federal M				West. Line	
Ocation Unit Letter K	: 1850 Feet From The SC	outh_ Line and1850_	Feet From the	NCOO	
Section 12 Township	o 31N Range 13W	, NMPM, Sa	an Juan	County	
TOWN OF TRAN	SPORTER OF OIL AND NATUE	RAL GAS Address (Give address to which	anarmed conv of this form	is to be sent)	
I. DESIGNATION OF TRAIT	or Condensate XX	OFC D	wington NM 87	/100	
Giant Refining Inc.	phead Gas or Dry Gas XX	P.O. BOX 256, Fair	approved copy of this form	is to be sent)	
lame of Authorized Transporter of Casing El Paso Natural Gas C	g.ca. 02	P.O. Box 4990, Fa	rmington, NM 8		
well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When ?			
	K 12 31N 113W	yes order number:			
this production is commingled with that	from any other lease or pool, give comming		Deepen Plug Back S	ame Res'v Diff Res'v	
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen Plug Back S		
Designate Type of Completion	- (X)	Total Depth	P.B.T.D.		
Date Spudded	Date Compl. Ready to Prod.				
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth	
			Depth Casing	Shoe	
Perforations		nrcopp			
	TUBING, CASING AND	CEMENTING RECORD	S	SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE				
	COT FOR ALLOWABLE			6.11.24 hours)	
V. TEST DATA AND REQUI	EST FOR ALLOWABLE recovery of total volume of load oil and mu	st be equal to or exceed top allow Producing Method (Flow, pur	vable for this depth or be j	W 144 162 3.7	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, par			
	m C - Proper	Casing Pressure	Choke Size		
Length of Test	Tubing Pressure		Gas- MCF	18 19 19:	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	<u>.</u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
			•	- :389	
GAS WELL	The select Test	Bbls. Condensate/MMCF	Gravity of	Selection and	
Actual Prod. Test - MCF/D	Length of Test		Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	OIL	C'ST. 3	
		-		DIVISION	
VI. OPERATOR CERTIF	ICATE OF COMPLIANCE	4.1	ISERVATION		
I hereby certify that the rules and re	egulations of the Oil Couled various		. CED 4	2.16.2	
Division have been complied with is true and complete to the best of i	my knowledge and belief.	Date Approve	d SEP 1	<u> </u>	
i i i i i i i i i i		Original	Signed by CHARLES G		
Jan 1 Jane		- by			
sim L. Jadobs	Geologist Title	Title DEPUTY	ON 8 GAT INSPECTO	17 0001. JP	
Printed Name 9/9/92	325-1821	- 1111 0			
9/9/92 Date	Telephone No.				

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

2) All sections of this form must be filled out for allowable on new and recompleted wells.

2) The sections of this form must be filled out for allowable on new and recompleted wells.

