5 NMOCD Submit 5 Copes

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

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

1 File 1 Giant State of New Mexico

Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION ACT

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Form C-104 Revised 1-1-89 See Instructions

f change of operator g			DIST. 3
Change in Operator		Casinghead Gas Condensate	OIL CON. DIV
Recompletion	Ц	Oil 📙 Dry Gas 🖳	•
New Well	<u>LXI</u>	Change in Transporter of:	MAY 0 2 1990
Reason(s) for Filing (C	Check proper bax		
		nington, NM 87499	Other (Please explain)
Address			m eeeive m
DUGAN PI	RODUCTIO	ON CORP.	
Operator			30-039-24463
		10 110/110/10/11 0/27/1	Well API No.
		TO TRANSPORT OIL A	
000 Rio Brazos Rd.,	AZIEC, NM 8/41	REQUEST FOR ALLOWABLE	E AND AUTHORIZATION (
DIZIBICI III	A NR4 9741	1	

nd address of previous operator											3	
CRIPTIO	N OI	F WELL A	ND LEA								Lease No.	
ne .				Well No.	Pool Na	ame, Incl	luding Formati	OO		Kind of Lease		
				4		Lybro	ook Gall	up		State Federal or Fee	SF-080230	
Unit Letter		<u>C</u>	<u>900                                   </u>		Feet Fro	om The	North	Line and	1660	Feet From The W	lest Line	
Section	5	Township	<b>23</b> N	tti ing.	Rings	7 <b>W</b>		, NMPM,	Rio_Ar	riba	County	
	of previous CRIPTIC se Unit Letter	of previous operate CRIPTION OI se Unit Letter	of previous operator  CRIPTION OF WELL All  ie  Unit Letter	of previous operator  CRIPTION OF WELL AND LE.  Se  Unit Letter C : 900	of previous operator  CRIPTION OF WELL AND LEASE  Well No. 4  Unit Letter C 900	of previous operator  CRIPTION OF WELL AND LEASE  Well No. Pool No. 4  Unit Letter	of previous operator  CRIPTION OF WELL AND LEASE  Well No. Pool Name, Inc. 4 Lybro  Unit Letter C 900 Feet From The	of previous operator  CRIPTION OF WELL AND LEASE  Well No. Pool Name, Including Formati 4 Lybrook Gall  Unit Letter C 900 Feet From The North	CRIPTION OF WELL AND LEASE  Well No. Pool Name, Including Formation 4 Lybrook Gallup  Unit Letter C 900 Feet From The North Line and	CRIPTION OF WELL AND LEASE  Well No.   Pool Name, Including Formation	CRIPTION OF WELL AND LEASE  Well No. Pool Name, Including Formation Lybrook Gallup  Wint Letter C 900 Feet From The North Line and 1660 Feet From The Wint Letter Pool Name Pio Applies	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Oil XX or Condensate				Address (Give address to which approved copy of this form is to be sent)				
Giant Refining	(AA)				P.O. Box 256, Fari	nington, NM_	87499	
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas Bannon Energy Inc.					Address (Give address to which a 3934 FM 1960 West	pproved copy of this fo , Suite 240,	Houston, TX 7	'70 <del>6</del>
If well produces oil or liquids, give location of tanks.	Unit D	Sec.	Twp. 23N	Rge. 7W	Is gas actually connected? Yes	When? 4-23-9	00	

If this production is commingled with that from any other lease or pool, give commingling order number:

## IV. COMPLETION DATA

Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded		I. Ready to Pr	od.	Total Depth	<u>i                                     </u>	l	P.B.T.D.	<u> </u>	
2-26-90	4-13-			57731				5725'	
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing Form	ation	Top Oil/Gas	-		Tubing Dep	th	
7075' GL; 7087' RKB	Gall	up		5603			5647'		
Perforations							Depth Casir	ng Shoe	
5603' - 5684' (Gallup)							<u> 5773'</u>		
	T	UBING, C.	ASING AND	CEMENTI	NG RECOR	<u>D</u>			
HOLE SIZE	CAS	ING & TUBI	NG SIZE		DEPTH SET		ļ	SACKS CEM	ENT
12-1/4"	8-5/8"			219' R	KB		191 cf		
7-7/8"	4-1/2"	I		5773'			1847 cf	in 2 st	ages
	2-3/8'	l 		5647'					
	1			1			_		

V. TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) OIL WELL

OIL MELL (15) was or also	722010. 9 09 10		1.0	1
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump,	, gas lift, etc.)	
4-13-90*	4-27-90	pumping		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
24 hrs.		25		
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF	
32 BO, 50 BLW, 70 MCF		★50 BLWPD	70 MCFD	

GAS WELL *water is	frac fluid		
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-m)	Casing Pressure (Shut-in)	Choke Size

## VL OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above

is true and complete to the best of my knowledge and belief.				
for I fores				
Signature Jim L. Jacobs	Geologist			
Printed Name	Title			
4-30-90	325-1821			
Date	Telephone No.			

## OIL CONSERVATION DIVISION MAY 3 1990

Date Approved 3.1) Q

By. SUPERVISOR DISTRICT #3 Title

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.

