4NMOCD

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Augrepha's District Office
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1 File

State of New Mexico

Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

Santa Fe, New Mexico 87504-2088

P.O. Box 2088

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

DISTRICT III		Sa	illa fe, inew ivi	EMW 67	304-2000						
1000 Rio Brazos Rd., Aziec, NM 87410	REOU	FST FO	OR ALLOWAE	RIFAN	AUTHORIZ	ZATION					
I.							•				
I. TO TRANSPORT OIL AND NATURAL GAS Well											
DUGAN PRODUCTION CORP.					30-			043-20864			
l						69 /5					
Address		114 07	211.00			[	a e c		<b>5 N</b>		
P.O. Box 420, Farmin	igion, i	AMI 87	499	-	Wher (Please expla	in) i	<del>77 15 19/ 1</del>				
Reason(s) for Filing (Check proper box)	L)										
New Well							MAR1 2 1992				
Recompletion U Oil U Dry Gas U											
Change in Operator Casinghead Gas Condensate								OIL CON DIN			
If change of operator give name and address of previous operator							7.10	· ·			
							1,,	•	•		
II. DESCRIPTION OF WELL	AND LEA	SE				<del></del>		<del></del>			
Lease Name		Well No.	Pool Name, Includi	ng Formatic	M3		Lease Federal or Fee		ease Na		
Absolut		1	Counselors	GA/DK	Ext.	State,(	Teach Teach	NM-1	7009		
Location				•							
Unit LetterC	:6	70	Feet From The	North 1	ine and $1830$	)· Fe	et From The	West	Line		
<u> </u>											
Section 23 Township	23N		Range 6W		NMPM,	Sandova	1		County		
III. DESIGNATION OF TRANS	SPORTE	OF O	L AND NATU	RAL GA	S						
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, 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 form is to be sent)						
Dugan Production Co	• —	P.O. I	30x 208, Fa	armingto	on, NM 87499						
If well produces oil or liquids,		Sec.	Twp Rge	Is gas actually connected? When							
give location of tanks.	C	23	23N 6W	not y		i	ASAP				
If this production is commingled with that f				<del>_</del>							
IV. COMPLETION DATA	ioni any our	i icase or j	cos, give containings	ing order an							
IV. COMPLETION DATA		0:13//-11	Gas Well	New We	II Workover	Deepen	Plug Back S	ame Res'y	Diff Res'v		
Designate Type of Completion -	· (X)	Oil Well XX	Gas well	XX	ii j workover	i Darpai	1108 2202 10	THE RES	i		
	Date Compl	<u> </u>	Prod	Total Dept	 h	L	P.B.T.D.				
Date Spudded 12-7-91			7 IOU.	•	654'		5303	)			
	3-10-92							Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			51831			5531'				
6885' GL Couns. GA/DK Ext.								Depth Casing Shoe			
Perforations	a. /p		,				5649				
5183-5559' (Counseld							1 304:	<del></del>			
TUBING, CASING AND						<u> </u>					
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
12-1/4"	8-5/8"		l	218'			159 cf				
7-7/8"	4-1/2"			5649'			2097 cf in 2 stages				
		2-3/8	1	5531'							
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE								
OIL WELL (Test must be after re	covery of tol	al volume	of load oil and must	be equal to	or exceed top allo	wable for this	depth or be for	full 24 hou	rs.)		
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
3–10–92	3-11-92			flowing							
Length of Test	Tubing Pressure			Casing Pressure			Choke Size				
17 hrs.		-		40	O psi		_				
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF				
120 BO, 55 MCF*, 35 BW	** 16	59 BOP	ח	35	BLWPD**		78 MC	FD*			
								•			
GAS WELL *estimated	**Wa1	<u>er is</u>	frac fluid	Thur Co	iensate/MMCF		Gravity of Co	ndensate			
Actual Prod. Test - MCF/D	Length of T	est		Bolk Con	SELECTIVITY CT		Charley of Co				
				A	Chirt in		Choke Size		<u> </u>		
Testing Method (pitot, back pr.)	Tubing Pres	sure (Shut	·m)	Casing Pro	ssure (Shut-in)		Close Size				
	<u> </u>			ļ,			1				
VI. OPERATOR CERTIFIC.	ATE OF	COMP	LIANCE		011 001	IOEDV	ATIONE	11/11/01/01	NN I		
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above					MAR 1 0 1992						
is true and complete to the best of my k	ll Da	Date Approved									
()				11				•			
Sin 1 Jan					By DRIGINAL SIGNED BY ERNIE BUSCH						
Signature					ווטותע;	IVE SIGNET	LINIAL P				
/ Jim L. Jadob's Geologist					DEPUTY OIL & GAS INSPECTOR, DIST. #?						
Printed Name			Title	Tit	le		, -1				
3-11-92		32	5-1821		*						
Date		Tele	phone No.	1		-	. No. of				

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.