4 NMOCD

Subrat 5 Coates Appropriate District Office
DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

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

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

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	Salia I C, New Mexico 67504-2086						
	REQUEST FOR ALLOWABLE AND AUTHORIZATION						
I.	TO TRANSPORT OIL AND NATURAL GAS						

Operator Well A									NPI Na -045-26778			
DUGAN PRODUCTION CORP.									-045-26776			
Address												
P.O. Box 420, Farmi	ngton,	NM 8	7499			(D)						
Reason(s) for Filing (Check proper box)		O i-	т			er (Please expl	משום					
New Well	Oil	Change in			Ef	fective 5	5-1-90					
Change in Operator   If change of operator give name	Campica		Constant	. <u></u>								
and address of previous operator							<del></del>			<del></del>		
IL DESCRIPTION OF WELL	AND LEA	SE										
Lease Name			Pool N	ame, includi	ing Formation			of Lease	N Lease No.			
Olympic 2				South	n Bisti (	Gallup	State	State, Federal or Fee NM		3744		
Location				,		•						
Unit Letter0	. 660		_ Feet Fr	om The SC	outh Lin	e and <u>1980</u>	Fe	et From The	East	Iine		
	2011			4011			_					
Section 3 Township	p 23N		Range	10W	, N	м <b>гм</b> , San	Juan			County		
III. DESIGNATION OF TRAN	CDADTE	OFO	II AN	D NATTI	DAI CAS							
Name of Authorized Transporter of Oil		or Conder			Address (Gi	e address to wh	hich approved	copy of this for	m is to be se	ਆ)		
Giant Refining Inc.								on NM 8				
Name of Authorized Transporter of Casing	thead Gas	[XX]	or Dry	Gas 🗍				copy of this for		ਾਪ)		
Dugan Production Corp			•					on, NM 8				
If well produces oil or liquids,	Unit	Sec	Twp	Rge.	ls gas actuall	y connected?	When	?				
give location of tanks.	i I i	3	23N	1_10W	yes		1 8-2	28-87				
If this production is commingled with that i	from any other	r lease or	pool, giv	e commingi	ing order num	ber:						
IV. COMPLETION DATA												
Designate Type of Completion	. <b>(</b> 20	Oil Well	0	ias Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v		
	Date Compl	Pendy Is	. Perd		Total Depth	L	<u> </u>	P.B.T.D.		┸		
Date Spudded	Date Comp	. Really a	Floa		1000			F.B.1.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing Fo	ormation		Top Oil/Gas Pay			Tubing Depth	<u></u>			
Lieradom (Dr., Jane), Kr., Cr., Lasy												
Perforations	<del></del>							Depth Casing	Shoe			
			<u>.</u>									
	π	UBING,	CASIN	NG AND	CEMENTI	NG RECOR	<u>D</u>	<del></del>				
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				DEPTH SET		SACKS CEMENT					
					<u> </u>							
								<del> </del>				
				<u> </u>					<del></del> -			
V. TEST DATA AND REQUES	T FOR A	LLOW	ARLE			<u> </u>	<del></del>	!				
OIL WELL (Test must be after re	covery of tou	al volume	of load o	il and must	be equal to or	exceed top allo	wable for this	depth or be for	full 24 houg	g.)		
Date First New Oil Run To Tank	Date of Test		<u>-7</u>			thod (Flow, pu						
								18.				
Length of Test Tubing Pressure				Casing Press:	rise		Choke Size	ZPR2'	Caral I			
Actual Prod. During Test Oil - Bbls.						Water - Bbls.			Gas-MCF CON Or			
	L							<u></u>	) (0			
GAS WELL												
Actual Prod. Test - MCF/D Length of Test					Bbls. Conden	pu/MMCF		Gravity of Cor	Gravity of Condensate			
			(5)			Casing Pressure (Shut-in)			Choke Size			
Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)			Cating Pleasant (Sua-m)									
	· · · · ·		T V A D T		i	<del></del>		1				
VL OPERATOR CERTIFICA				CE	(	DII CON	ISERV	ATION D	IVISIC	N		
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information gives above												
is true and complete to the best of my knowledge and belief.					Data	Approve	A.	APR 2	7 1330			
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for to former					р.,		3	زين (	Thomas			
Signature												
Frinted Name  Talle  Geologist  Talle				SUPERVISOR DISTRICT #3								
4-26-90					ii intid							
		77	5_1 2 2	1			.3					
Date			5-182 phone N			4	3					

## 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.