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Appropriate District Office 4 NMOCD
DISTRICT:
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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I		TO TRAN	NSPORT	OII	L AND NA	TURAL G					
Operator							W	II API No.			
Dugan Production Co	orp.		····					30 039 0	10324		
P.O. Box 420. Farm:	ington.	NM 8749	99								
Reason(s) for Filing (Check proper box)	Hig Cont					nes (Please exp	•				
New Well	Change in Transporter of: Change of Operator Oil Dry Gas Effective 11/1/92										
Recompletion	Oil Casinghea	ad Gas 🔲 C	-		Ef	fective	11/1/9	2			
If change of operator give name and address of previous operator	kaco Exp	oloration	n & Proc	duc	tion Inc	., 3300	North	Butler, F	armingt	on, NM 87	
II. DESCRIPTION OF WELL	AND LE	ASE									
Lease Name Well No. Pool Name, Include					Cont			of Lease No. (Federal) or Fee SF 080500		_	
Anderson A 1 Blanco P					C. South			e, Federal or Fee SF 080500			
Unit Letter B	. 990	F	eet From The	_ 1	North Lin	e and165	0	Feet From The	East	Line	
Section 25 Townsh	ip 24N	T R	ange 2	2W	, N	м рм, R	io Arr	iba		County	
THE DECICAL TION OF THA	ICDADATE	D OF OH	A NID NIA	וו זייני	DAI CAS						
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL 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 El Paso Natural Gas	• • • • • • • • • • • • • • • • • • • •				Address (Give address to which approved copy of this form is to be sent) P.O. Box 4990, Farmington, NM 87499						
If well produces oil or liquids, jive location of tanks.								hes ?			
this production is commingled with that	from any oth	er lease or poo	ol, give comm	ningli	<u> </u>	ber:					
V. COMPLETION DATA		loun "	1 0 . 11		1 31 92.0	1 31/- 4	l D	Diva Back	Isama Bac'u	Diff Res'v	
Designate Type of Completion	- (X)	Oil Well	Gas Wei	, i	New Well	Workover	Deepen	Plug Back	Same Res'v 	j pili kesv	
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe			
						10 0000					
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
HOLL SIZE	CASING & TUBING SIZE				DEI III GET						
	 			_							
. TEST DATA AND REQUES	T FOR A	LLOWAR	LE	1							
IL WELL (Test must be after re				usi t	be equal to or	exceed top allo	wable for 1)	is depth or be fo	or full 24 hou	rs.)	
to te First New Oil Run To Tank	Date of Test					thod (Flow, pu					
ength of Test				Casing Pressure			Choke Size	Choke Size			
-	Tubing Pressure								2 6 2 1002		
ctual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MGF	Gas- MGF.		
GAS WELL	L			1				<u> </u>	والمالة طار	Ž.	
coul Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
	Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
sting Method (pitot, back pr.)	Inoing Free	sone (2001-m)			Casing Fressu	ie (300418)		Giore Size			
L OPERATOR CERTIFIC	ATE OF	COMPLI	ANCE			NI CON	CEDV	ATION F	אואופור	NI.	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVA						
is true and complete to the best of my k			₩.		Data	Annroyee	4	NOV 16	1092		
210					Date	Approved			1		
Sub Crane					By_ Bird Charles						
Signature Bud Crane Prod	uction	Superint	endent		-,	· · · · · · · · · · · · · · · · · · ·		RVISOR DI		 	
Printed Name 11/9/92		Tid 325-1	le		Title_	·			<	h 👀	
Date 11/9/92		Telephor		-				*			
					1						

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.