- 5 NAMOCO
Smit 5 Cours
peropriate District Office
ISTRICT I
O. Box 1980, Hobbs, NM 88240

1 File

State of New Mexico

1 Chevron

Energy, Minerals and Natural Resources Department

Form C-101
Revised 1-1-89
Set Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2083

Santa Fe, New Mexico 87504-2088

<u>ISTRICT III</u> XXX Rio Brazos Rd., Aziec, NM 87410

ISTRICT II O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

perator						V	Veil A.	PI Na		
DUGAN PRODUCTIO	N COR	Р.								
ddress.										
P.O. Box 420, Farmi	ington,	NM 8	7499			- • 				
.eason(s) for Filing (Check proper box)			. —	. .	Other (Please ex	çolavs)				•
iew Well	Oil	Change in	Dry G	77	Change of	f Oper	ator	effecti	Ve 4-5-9	0
ecompletion U	Casinghe	ad Gas	Conde		Change	. Орс.				. •
shape of coorder mue name			<u> </u>) Boy 500 Dos		~~	0.02.01		
d address of previous operator	.nevror	1 0.5.7	<u> </u>	ic., P.C). Box 599, Der	iver, (80201		
DESCRIPTION OF WELL	AND LE	EASE				·				
zase Name Stevie Joe		Well No.	Pool N	Pool Name, Including Formation Tapacito PC		State Federal or Fee SF-080565A				ase Na 165A
		1								
ocation Unit Letter K	•	1850			South Line and 18!	50-	_	t From The	West	Line
	: <u>-</u>		_ Feet F							
Section 5 Townsh	ip	25N	Range	31	N , NMPM,	Rio A	Arri	ра 		County
I. DESIGNATION OF TRAN	ISPORTI			D NATU		11.1			in in to be se	-()
iame of Authorized Transporter of Oil		or Conde	n mate		Address (Give address to	wисл аррг	ovea (copy of this j	OFM IS 10 DE SE	, <u></u> ,
ame of Authorized Transporter of Casin	ohead Gas		or Dro	Gas XX	Address (Give address to	which appr	oved o	our of this f	orm is to be se	nt)
El Paso Natural Gas C			O. D.,	, c	P.O. Box 499					
well produces oil or liquids,	Unit	Sec	Twp.	Rge	Is gas actually connected?		Vhen 3			
re location of tanks.	<u> </u>	<u> </u>	1	<u> </u>						
this production is commingled with that	from any or	her lease or	pool, gi	ive comming	ing order number:					
/. COMPLETION DATA					· · · · · · · · · · · · · · · · · · ·				Ic	Diff Res'v
Designate Type of Completion	- (X)	Oil Well	[]	Gas Well	New Well Workover	Deep	en j	Plug Back	Same Res'v	Dili Kesv
are Spudded		npi. Ready to	o Prod.		Total Depth			P.B.T.D.	L	
•										
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oll Gas Pay Tubing Depth					
								5 4 6	- Chan	
riorations								Depth Casin	ig 200e	
		TIDNIC	CASI	NC AND	CEMENTING RECC)PD				
HOLE SIZE		ASING & TI			DEPTH SE				SACKS CEMI	ENT
HOLE SIZE	1	Conta a Ti	JUNG	JIEL	<i>DE</i> , 11 30					
	i									
	1						!			
TEST DATA AND REQUES						- 11 		death ar fir	for full 24 hou	75 l
L WELL (Test must be after r	Date of Te		of load	oil and must	be equal to or exceed top a Producing Method (Flow,				107 121 24 120=	
ite Fire New Oil Rull 10 12th	Date of 16	ESL			Troubling Medica (175%)	P		.,		
ngth of Test	Tubing Pr	essure			Casing Pressure			Choke Size	sta.	
							M	2 4		+91-
nual Prod. During Test	Oil - Bbls.	-			Water - Bbls.		N	GAS- MCF	^{कर} ः! वृः अक्षुः	
	<u> </u>					<u></u>	***	7		
AS WELL								,		
mui Prod. Test - MCF/D	Length of	Test			Bbls. Condensate/MMCF			Gravity of C	podensale	<i>f</i> .
	1				Company (Sharin)			Choke	* +	<u> </u>
zing Method (pitot, back pr.)	I uping Pr	essure (Shut	(-m)		Casing Pressure (Shut-in)			CHORCOR	• 6	
					i		<u>!</u>		<u>.</u>	
L OPERATOR CERTIFIC				NCE	OIL CO	NSEF	RVA	TION	DIVISIO	N
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.					Date Approved APR 1 2 1990					
					Date Apploy			A		
In 1 lave					By	3_			-	
Signature Jim L. Jacobs Geologist					SUPERVISOR DISTRICT #3					
Jim L. Jacob's		0	Title	131	Title	QUP	E IT V	SUH DI	STHICT #	3
4-4-90			5-18		line	•				
Date		Tele	poone i	¥a.	 	•				

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) Senarate Form C-104 must be filed for each root in multiply completed wells.