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Appropriate District Office
DISTRICT | P.U. box 1980, Hobbs, NM 88240

ı rne 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

P.O. Drawer DD, Anena, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

J	-	TO TRA	NSP	ORT OI	LAND	NAT	URAL G	AS				
Operator					API No.							
DUGAN PRODUCTIO				30	0-045-24420							
Address		NIRA OT	71100									
P.O. Box 420, Farmi Reason(s) for Filing (Check proper box)	ngton,	IAIM PY	7499			Other	(Piease exp	lain)				
New Well		Change in	Transpo	nter of:			,,					
Recompletion	Oil Dry Gas Effective 5-1-90											
Change in Operator Casinghead Gas Condensate XX												
If change of operator give name and address of previous operator												
IL DESCRIPTION OF WELL			Dool N	ame, lociud	ing Form:	ition.		l Vind	of Lease	1 1.	ease No.	
Harvey							Federal or Fee NM 10755					
Location												
Unit Letter F 1640 Feet From The North Line and 1850 Feet From The West Line												
20 Township	24N			9W			a. Ca	n luan				
Section 20 Township	p 2711		Range	JW.		, NMP	M , 3a	n Juan			County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS												
Name of Authorized Transporter of Oil or Condensale (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 or Dry Gas XX						Address (Give address to which approved copy of this form is to be sent)						
Dugan Production Corp. (no change)						P.O. Box 420, Farmington, NM 87499 lis gas actually connected? When?						
If well produces oil or liquids, give location of tanks.	Unit :	Sec. 20	Тър. 24N	Rge.	Yes	шыну с	onnected?	When	1	12-13-	06	
If this production is commingled with that f	rom any othe					number				14-13-	<u>:00</u>	
IV. COMPLETION DATA											-	
T - FC - Island		Oil Well	G	as Well	New V	Vell V	Vorkover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		D-sd-sta			Total De			<u>l</u>		<u> </u>	<u> </u>	
Date Spudded Date Compl. Ready to Prod.										P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay				Tubing Depth		
Perforations						Depth Casing Shoe						
TUBING, CASING AND CEMENTING RECORD												
HOLE SIZE						DEPTH SET				SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE				DEI MOET							
V. TEST DATA AND REQUES				1 dt	L				ا ما سامداد		-)	
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test	u volume o	ioda bi							The man		
Date Fire New Oil Kills To Talk			Producing Method (Flow, pump, gas lift,				ען "	ECE	IN E			
Length of Tes	Tubing Press	ure			Casing P	ressure.			Choke 110		;	
								·····	Gas- MCF	APR27	1990	
ctual Prod. During Test Oil - Bbls.						Water - Bbls.				11 00	1 1	
									U	IL CON	LUIV	
GAS WELL	Tanah of Ta				Phle Co-	-d	ADJCE		Gravity of C	DIST.	3	
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF					OCOED ELLE		
esting Method (pilot, back pr.)	Tubing Press	ure (Shui-n	n)		Casing P	ressure (Shua-in)		Choke Size	المنتصنية		
, ,												
VI. OPERATOR CERTIFICATE OF COMPLIANCE										8. 1		
I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION						
Division have been complied with and that the information gives above is true and complete to the best of my knowledge and belief.						Date ApprovedAPR 27 1990						
Is true and compare to the test of my showeroge and benef.						ate A	pprove	d	APR 27	1990		
han i harrie										A		
Signature						By Sin						
Frinted Name Geologist Title						Tale Suprovince						
4-26-90	Title SUPERVISOR DISTRICT #3											
4-26-90 325-1821 Telephone No.												

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.

 (2) Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.