STATE OF BEW MEXICO 5 NMOCD Form C-104 Revised 10-1-78 1 Holly 1 Amax 1 Amoco Koch MERGY AID MINERALS DEPARTMENT -- -- (0*10*) l File OIL CONSERVATION DIVISION DISTRIBUTION l Inland P. O. BOX 2088 14414 FE 1 EPNG SANTA FE, NEW MEXICO 87501 FILE U & II.S. LAND OFFICE REQUEST FOR ALLOWABLE TRANSPORTER AND OPENATOR AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS PROBATION OFFICE Operator DUGAN PRODUCTION CORP. Address P 0 Box 208, Farmington, NM 87401 Reason(s) for filing (Check proper box) Other (Please explain) XXHew Well Change in Transporter of: Recompletion Dry Gas Change in Ownership Condensate Casinghead Gas If change of ownership give name and address of previous owner ____ DESCRIPTION OF WELL AND LEASE
| Well No. | Pool Name, Including Formation Kind of Lease Lease No. Holly 1 Basin Dakota State, Federal or Fee Fee Fee Location 1850 South 990 West Feet From The Line and Feet From The Unit Letter 16 24N 9W Township , NMPM, Range Line of Section DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate XX Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil P 0 Box 1528, Farmington, NM 87401 Inland Corp. Name of Authorized Transporter of Casinghead Gas or Dry Gas IXX Address (Cive address to which approved copy of this form is to be sent) P 0 Box 990, Farmington, NM 87401 El Paso Natural Gas Co. When Rge. is gas actually connected? Unit Twp. If well produces oil or liquids, give location of tanks. 16 24N 9W No iL If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Workover Gas Well New Well Same Res'v. Diff. Res'v. Oil Well Deepen Plug Back Designate Type of Completion - (X) XX XX Date Compl. Ready to Prod. Total Depth P.B.T.D. Date Spudded 8-31-81 11-20-81 6500' RKB 64651 Top Oil/Gas Pay Elevations (D) Name of Producing Formation Tubing Depth 3, RT, GR, etc. 6882' GL 6431' Dakota 6440' RKB Perforations 6431-52, 8 holes 6500' RKB TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE 12-1/4" 8-5/8" 190 ' <u>135 sx class B</u> 7-7/8" 4-1/2" 6500' RKB 1768 cf in 2 stages (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours) TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Oil Run To Tanks Tubing Pressure Casing Pressure Length of Test MDEC23 1981 Water - Bbls. Oil - Bble. Actual Prod. During Test OIL CON. COM. DIST. **GAS WELL** Actual Prod. Test-MCF/D Bbls. Condensate/MMCF 81 CAOF 3 hrs Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) ½" pos. 1182 psi one point back pr. <u>1185 psi</u> OIL CONSERVATION DIVISION CERTIFICATE OF COMPLIANCE Original Signed by FRANK T. CHAVEZ 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. BY. SUPERVISOR DISTRICT # 3 TITLE _ This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despend well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with NULE 111. (Signa Thomas A. Dugan Petroleum Engineer All sections of this form must be filled out completely for allowable on new and recompleted wells.

12-20-81

(Vale)

able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.