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Revised 10-01-78 Format 06-01-83

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTE	1	T	
IANTA PE			
FILE	T	1	
9.1.0.1.			
LAND OFFICE			
TRANSPORTER	OIL		
TRAMIPORTER	GAS		
OPKRATOR			
PHOKATION OFF	1		
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OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

OPERATOR DAS DE CONTROL DE CONTRO	AUTHORIZA	A	R ALLOWABLE ND PORT OIL AND NATI	IRAL CAS M	BEIV P Q 7 1984	
Dugan Productio	n Corp.				CON. D	
P 0 Box 208, Fa	rmington. N	M 8749 9			DIST. 3	
Reason(s) for liling (Check proper box)	<u> </u>		Other (Pleas	ie explain)		<u> </u>
X New Well	Change in Tr	ansporter of:				_
Recompletion	<u></u> ou	D ₁	ry Gas			
Change in Ownership	Casinghe	rad Gas C	ondensate			
change of ownership give name nd address of previous owner						
I. DESCRIPTION OF WELL AND		ol Name, Including F	ormation	Kind of Lease		1 1 10
Muddy Mudda	1	Bisti Lower		State, Federal or Fee	Fed.	NM36474
Location D 790 Unit Latter	Feet From T	North Lin		Feet From The	West	
Line of Section 21 Town	nahip 24 N	Rang∙	9 W , NMP	y, San Juan		County
IL DESIGNATION OF TRANSPO	ORTER OF OIL		GAS			
Name of Authorized Transporter of Off Giant Refining, Inc.	₹X or Conde	ensate		Farmington, NM		obesent)
Name of Authorized Transporter of Cast	nghead Gas 🔲	or Dry Gas	Address (Give address	to which approved copy of	fihis form is t	obesent)
if well produces oil or liquids.	Unit Sec. D 21	7wp. Rg 24N 9W	Is gas actually connec	ted? When		
this production is commingled with	that from any o	ther lesse or pool,	give commingling orde	er number: applicat	ion pend	ing
NOTE: Complete Parts IV and V	on reverse side	if necessary.				
T. CERTIFICATE OF COMPLIAN	ICE		OIL 0	CONSERVATION DIV	VISION	
hereby certify that the rules and regulation een complied with and that the information by knowledge and belief.			APPROVED	ginal Signed by FRANK T.	 •	19
)			TITLE	SUPERVISOR DISTRICT		

	Sunt	
Jim L./Jacobs Geologist	[] (Signature)	
9-6-84	(This)	

(Date)

This form is to be filed in compliance with MULE 1104.

If this is a request for allowable for a newly drilled or despened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111.

All sections of this form must be filled out completely for siloseable 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 filled for each pool in multiply completed wells.

n	(3/)	Oil Well	Gas Well	New Well	, Morroset	Deepen	Plug Back	Same Res'v.	Ditt. Resty.
Designate Type of Completi	on — (X)	X	!	Х	!	1	1	i i	1
Date Spudded	Deta Com	ompl. Ready to Prod. Total Depth		4	P.B.T.D.	<u></u>			
4-27-84		5-24-84 6507'		6507 '		6449'			
Elevations (DF, RKB, RT, GR, etc.)	Name of F	Name of Producing Formation Top OU/Gas Pay			Tubing Depth				
6898' GL; 6910' RKB		Gallup			506 5 '		6264'		
Perforations							Depth Castr	ig Shoe	
5065-5477', 41 holes					6507' RKB				
		TUBING, C	ASING, AND	CEMENTI	G RECORD				
HOLESIZE	CAS	KIBUT & DAI	G SIZE		DEPTH SET	r	SACKS CEMENT		
12-1/4"	1	8-5/8"		206' RKB 159 cf		f			
7-7/8"	<u> </u>	4-1/2"		6507' RKB			f in 2 st	ta qe s	
		2-3/8"			6264'				
<u> </u>	1			1	•		i		
V. TEST DATA AND REQUEST OIL WELL	FOR ALL	عد SWABLE ملك	est must be af ile for this de	iter recovery of the for f	of total volume full 24 hours)	of load oil	and must be eq	jual to or exce	ed top allow-
Date First New Cil Run To Tanks	Date of Te	301		Producting Method (Flow, pump, gas lift, etc.)					
8-25-84	1 8	3-25-84	-	flowing				j	
Length of Teet	Tubing Pre	essure.		Casing Pres			Choke Size		
6 hrs.		20 psi		52	0 psi		יין		Į
Actual Prod. During Test	0대-용제*			Water - 351e.			Gas-MCF		
	3	32 BOPD		40 (fra	<u>c water</u>	only)	56 M	CFD	
GAS WELL						-			
Actual Prod. Test-MCF/D	Length of 7	Feat		Bbls. Conde	seqte/MMCF		Grevity of Ca	ondanecte	
Testing Method (puot, back pr.)	Tubing Pre	48W8 (\$2xx2-1)	2)	Casing Press	im= (27#2-1	n)	Choke Size		