4 NMULU Submit 5 Copies
Appropriate District Office
DISTRICT I

DUGAN PRODUCTION CORP.

1 File

State of New Mexico

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

30-045-28026

Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

Operator

Address

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 1980, Hobbs, NM 88240

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No.

P.O. Box 420, Farm	ington,	NM 8	8749	99								
Reason(s) for Filing (Check proper box)						Ot	ner (Please exp	lain)				
New Well		Change	_	•	of:							
Recompletion \square	Oil	[_ `	y Gas								
Change in Operator	Casinghe	ead Gas [ndensate	<u> </u>		···					
nd address of previous operator												
I. DESCRIPTION OF WELL	AND LE							 -				
Lease Name Mary Lou	Well No. Pool Name, Include 90 Basin Fr							of Lease Federal or Fe		.ease No. 09		
Location						_						
Unit Letter M	_ :	00	_ Fee	et From '	The S	outh Lin	e and	00 F	eet From The	West	Line	
Section 32 Townsh	i p 24N		Ra	nge ¹	OW	, N	мрм, San	Juan			County	
II. DESIGNATION OF TRAI	SPORTI	ER OF (OIL A	AND N	NATU	RAL GAS						
Name of Authorized Transporter of Oil		or Conde	ensale			Address (Giv	re address to wi	hich approved	copy of this f	orm is to be s	ent)	
lame of Authorized Transporter of Casinghead Gas or Dry Gas [XX] Dugan Production Corp.						Address (Give address to which approved copy of this form is to be sent) P.O. Box 420, Farmington, NM 87499						
well produces oil or liquids,					Rge.	is gas actuali		When				
ve location of tanks.				j		,			-19-90			
this production is commingled with that	from any ot	her lease o	r pool,	, give co	mmingl	ing order num	ber:					
V. COMPLETION DATA												
Designate Type of Completion	- (X)	Oil We	11	Cas V	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
ate Spudded	Date Com	pl. Ready	lo Pro			Total Depth	L	4	P.B.T.D.			
7-31-90	9-15-90					1100'			1049'			
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
6592 ' GL	Fruitland Coal				998'			803'				
erforations 998' - 1030' (Fruitl	and Coa	al)							Depth Casing	g Shoe		
			CA	SING	AND	CEMENTI	NG RECOR	<u></u>				
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT			
12-1/4"	7"					91'			58 cu.ft.			
7-7/8"	4-1/2"					1095'			218 cu.ft.			
TEST DATA AND REQUES	TEOD	MILOW	ADI	E					<u> </u>	 		
					: مست. د	ha aawal ta a-				4.11.24		
IL WELL (Test must be after recovery of total volume of load oil and must ate First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lift, etc.)						
							,					
ength of Test	Tubing Pressure				Casing Pressure D E C E 1 9 kg 12				1			
tual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF				
AS WELL						SEP 2 1 1990						
tual Prod. Test - MCF/D	Length of	Test			—т	Bbis. Condens	ate/MMC	CON	ICHANCE	ondensate		
15 MCFD	24 hrs.					DIST.			3			
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressu	re (Shut-in)		Choke Size				
orifice meter	ifice meter					65 ps	si					
I. OPERATOR CERTIFIC	ATE OF	COM	PLIA	NCE								
I hereby certify that the rules and regular Division have been complied with and to						'	DIL CON	SERVA	ATION E	DIVISIO	N	
is true and complete to the best of my knowledge and belief.						Date Approved SEP 2 5 1990						
In & are	-					Date	Approved		1			
Signature						By But Day						
Printed Name Title 9-20-90					_	TitleSUPERVISOR DISTRICT #3						
325-1821 Date Telephone No.							4					
						L						
INSTRUCTIONS: This form	n is to be	filed in c	omp	liance v	with R	ule 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.