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appropriate District Office
STRICT I
J. Box 1980, Hobbs, NM 88240

STRICT II
O. Drawer DD, Artesia, NM 88210

STRICT III
000 Rio Brazos Rd., Aztec, NM 87410

4 NMOCD

1 File 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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator DUGAN PRODUCTION CORP.		Well API No. 30-039-06271
Address P.O. Box 420, Farmington, NM 87499		
<input type="checkbox"/> Other (Please explain)		
Reason(s) for Filing (Check proper box)		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Change of Operator Effective 9/1/92
Recompletion <input type="checkbox"/>		
Change in Operator <input checked="" type="checkbox"/>		
If change of operator give name and address of previous operator Texaco Exploration & Production Inc., 3300 North Butler, Farmington, NM 87401		

II. DESCRIPTION OF WELL AND LEASE		Kind of Lease State (Federal) or Fee	Lease No. 225790
Lease Name Federal F	Well No. 1	Pool Name, Including Formation Gavilan Pictured Cliffs	
Location Unit Letter P : 790 Feet From The South Line and 750 Feet From The West Line Section 30 Township 26N Range 2 W , NMPM , Rio Arriba County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4990, Farmington, NM 87499		
E1 Paso Natural Gas Co.	Unit	Sec.	Twsp.
If well produces oil or liquids, give location of tanks.	Rge.	Is gas actually connected? yes	
When ?		unknown	

IV. COMPLETION DATA		If this production is commingled with that from any other lease or pool, give commingling order number.	
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well
Date Spudded	Date Compl. Ready to Prod.	Workover	Deepen
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Plug Back	Same Res'v
Perforations		Diff Res'v	

TUBING, CASING AND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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.)		Producing Method (Flow, pump, gas lift, etc.)	
Date First New Oil Run To Tank	Date of Test	Casing Pressure	
Length of Test	Tubing Pressure	Water - Bbls.	
Actual Prod. During Test	Oil - Bbls.		

GAS WELL		Bbls. Condensate/MMCF	Gravity
Actual Prod. Test - MCF/D	Length of Test	Casing Pressure (Shut-in)	Choke Size
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)		

VI. OPERATOR CERTIFICATE OF COMPLIANCE	
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.	
Signature Jim L. Jacobs	Geologist Title
Printed Name 9/9/92	Telephone No. 325-1821
Date	

OIL CONSERVATION DIVISION	
Date Approved	SEP 10 1992
By	SUPERVISOR DISTRICT # 3
Title	

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.