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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| , • | | | | | | | API No. | | | |
|---|-----------------------------|--|-------------------------|---|------------------|----------------------------------|----------------------------|--------------|------------|--|
| DUGAN PRODUCTION CORP. | | | | | | | 0 045 28805 | | | |
| Address | | | | | | | | | | |
| P.O. Box 420, Farmi | ngton, NM | 87499 | | | | | | | | |
| Reason(s) for Filing (Check proper box) | | | | ☐ Ori | nes (Please expl | lain) | | | | |
| New Well | | nge in Transp | | | | | | | | |
| Recompletion U Oil U Dry Gas U | | | | | | | | | | |
| Change in Operator | Casinghead Gas | Cond | ensate | | | | | | | |
| If change of operator give name and address or previous operator | | · · · · · · · · · · · · · · · · · · · | | | | | | | ·· | |
| II. DESCRIPTION OF WELL | AND LEASE | | | | | | | | | |
| Lease Name Well No. Pool Name, Include | | | | ing Formation Kind | | | of Lease | L | ease No. | |
| Cisco Com /36 | 89 9 | 91 Basin Fru | | | Coal | State, | e, Federal or Fee SF 07815 | | 78156A | |
| Location | / | | | | | | | | | |
| Unit LetterM | _ : <u></u> | Feet I | From The $\frac{SC}{C}$ | outh Lin | e and | F | eet From The _ | West | Line | |
| Section 34 Townshi | p 26N | Range | | I 3W N | мрм, Sa | n Juan | | | County | |
| THE PROTONLATION OF THE AN | ononeron o | D 077 43 | | D. J. G. G | | | | | | |
| III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil | | FOIL AP | ND NATU | | a address to w | Lich anne mus | l some of this for | m is to be s | | |
| Tamporter di Ori | e domen to w | address to which approved copy of this form is to be sent) | | | | | | | | |
| Name of Authorized Transporter of Casing | <u> </u> | | ∆ y Gas [XX] | Address (Civ | u address to wi | hich approve | I com of this for | mie to be se | (mr) | |
| Dugan Production Corp. | 280 | 7 | 1 | | | copy of this form is to be sent) | | | | |
| Dugan Production Corp. 2805/ [well produces oil or liquids, Unit Sec. | | | / | PO Box 420, Farming Rge. Is gas actually connected? | | | When? | | | |
| give location of tanks. | Unit Sec. Twp. Rge. | | | i i | | | • | | | |
| If this production is commingled with that | from any other lea | se or pool, g | ive comming | no order num | ber: | | | | | |
| IV. COMPLETION DATA | | | | | | | | | | |
| Designate Type of Completion | | Well | Gas Well X | New Well | Workover | Deepen | Plug Back S | ame Res'v | Diff Res'v | |
| Date Spudded | Date Compl. Rea | dy to Prod. | | Total Depth | 1 | | P.B.T.D. | | 1 | |
| 11-16-92 | 4–15–93 | | | 1420' | | | 1380' | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | | Top Oil/Gas Pay | | | Tubing Depth | | | |
| 6302' GL | 6302' GL Fruitland Coal | | | | 1286' | | | 1281' | | |
| Perforations | | | | | | | Depth Casing Shoe | | | |
| 1286-1316' (Fruitland Coal) | | | | | | | 14 | 19' | | |
| | TUBI | NG, CASI | ING AND | CEMENTING RECORD | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | | DEPTH SET | | | SACKS CEMENT | | | |
| 9-1/8" | 7" | | | 121' | | | 59 cf | | | |
| 6-1/4" | 4½" 1½" | | | 1419' | | | 265 cf | | | |
| | 15" | | | 1281' | | | | | | |
| V. TEST DATA AND REQUES | TEODALLO | NUARIE | , | L | | | | | | |
| OIL WELL (Test must be after re | | | | he equal to or | exceed top allo | numble for thi | s death or hador | -6.11.24 hou | ncl | |
| Date First New Oil Run To Tank | Date of Test | Table of Itali | 04 0/21 //401 | | thod (Flow, pu | | | | THE T | |
| Date 1 mg New On Not 10 7 mg | Date of Tex | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | |
| Length of Test | Tubing Pressure | | | Casing Pressure | | | Classize DD 0 0 1002 | | | |
| | | | | | | | APR 2 9 1993 | | | |
| Actual Prod. During Test | Oil - Bbls. | | | Water - Bbls. | | | OL CON. DIV | | | |
| | | | | | | | OIL CO | | | |
| GAS WELL | | | | | | | | DIST. | e: | |
| Actual Prod. Test - MCF/D | Length of Test | | | Bbls. Condensate/MMCF | | | Gravity of Condensate | | | |
| 277 MCFD | 3 hrs | | | · · | | | | | | |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | | | Casing Pressure (Shut-in) | | | Choke Size | | | |
| back pressure | 195 psi | | | 195 psi | | | 3/ | 4" | | |
| OPERATOR CERTIFICATE OF COMPLIANCE | | | | | | | | | | |
| I hereby certify that the rules and regulations of the Oil Conservation | | | | OIL CONSERVATION DIVISION | | | | | | |
| Division have been complied with and that the information given above | | | | MAV 1 9 1002 | | | | | | |
| is true and complete to the best of my knowledge and belief. | | | | Date Approved MAY 1.3 1993 | | | | | | |
| for & James | | | | | By 3.1) day | | | | | |
| Signifure Jim L. Jacobs Geologist | | | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| Finted Name Title | | | | TitleSUPERVISOR DISTRICT #3 | | | | | | |
| 4/28/93 325-1821 Telephone No. | | | | | 4 | | | | | |
| Late | | receptore | . - | 11 | | | | | | |

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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.