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Appropriate District Office
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State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89

OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III

1000 Rio Brazos Rd., Aziec, NM 87410	REO	UESTE	OB	ΔΙΙ	∩W∆	BLE AND	ALITHOR	RIZATION	1			
I.	TIEG				_	L AND NA			J			
Operator Wei									API No.			
DUGAN PRODUCTION CORP.								3	<u>80-045-242</u>	0-045-24229		
P.O. Box 420, Farm	inaton.	NM 8	7499	•								
Reason(s) for Filing (Check proper box)							her (Please ex					
New Well	New Well											
Change in Operator												
If change of operator give name												
and address of previous operator									 -			
II. DESCRIPTION OF WELL Lease Name	DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Inclusion							l Vine		of Lease Lease No.		
La Lee Ann					and Sand			Federal or Fee				
Location			•						-			
Unit Letter B	_ :99	00	Feet	From '	The	North Li	se and $\frac{16}{}$	<u>50 </u>	eet From The _	East	Line	
Section 28 Townshi	i n 2	.7N	Rang	e	13W	. N	MPM.		San	Juan	County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	R OF O		ND N	UTAN		add-aaa (a.)		d copy of this fo			
The arrangement of the		Of COUGES)	Address (On	4 0000 C13 10 1	чися арргоче	асору ој иш јо	rm 13 10 DE 3	eu)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas XX						Address (Give address to which approved copy of this form is to be sent)						
El Paso Natural Gas Company (no change) Twell produces oil or liquids, Unit Sec. Twp.				_,_					iton, NM	87499		
give location of tanks.	Uncit	Sec.	Тwp.	-	Rge.	is gas actuall	y connected?	Whe	. ?			
f this production is commingled with that: V. COMPLETION DATA	from any oth	er lease or j	pool, g	ive co	mmingl	ing order num	ber:					
Designate Type of Completion		Oil Well	1	Gas V	Vell	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Resiv	
Date Spudded	Date Comp	i. Ready to	Prod.			Total Depth		-	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas	Pay		Tubing Depth			
Perforations						L <u> </u>			Depth Casing Shoe			
TUBING, CASING AND						CEMENTI	NG RECOF	SD C	<u> </u>			
HOLE SIZE	CASING & TUBING SIZE						DEPTH SET		SA	SACKS CEMENT		
· · · · · · · · · · · · · · · · · · ·												
TEST DATA AND DECLIES	T FOR A	LLOWA	DI E		I							
. TEST DATA AND REQUEST FOR ALLOWABLE IL WELL (Test must be after recovery of total volume of load oil and must let.)							be equal to or exceed top allowable for this depth or be for full 24 hours.)					
ate First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lift, etc.)						
ength of Test	Tubing Pressure				Casing Pressu	re .		की हैं।	GEI	W E IM		
octual Prod. During Test	Oil - Bbls.				Water - Bbis.			Q MCF	V1 619	90		
GAS WELL									110	71 0 10		
ctual Prod. Test - MCF/D	Length of Test					Bbis. Condensate/MMCF			CON. DIV			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-m)				Casing Pressure (Shut-in)			Choke Size				
I. 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 gives above is true and complete to the best of my knowledge and belief.					Date	Approve	d	NOV 16	IOV 1 6 1990			
Sindature						By						
Friedd Name November 12 1990						TitleSUPERVISOR DISTRICT #3						
November 13, 1990 325-1821 Date Telephone No.						*						

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.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.