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.

NO. OF CO-IES RECEIVED			
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G. S.			
LAND OFFICE			
TRANSPORTER	OIL		
' AND TORIER	G AS		
OPERATOR			
PROBATION OFFICE			

12-22-82

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110
Effective 1-1-65

	FILE		AND	Fuective 1-1-02		
	U.S.G. S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL G	AS		
	LAND OFFICE					
	TRANSPORTER OIL	•				
1	GAS			A B B B B B B B B B B B B B B B B B B B		
	OPERATOR		ID) le l	GEIVEM		
,	PRORATION OFFICE		In C			
•	Operator		L D			
	DUGAN PRODUCTION COR	P.	DE	C 2 7 1982		
	Address					
	P O Box 208, Farming	ton, NM 87499		DIST. 3		
	Reason(s) for filing (Check proper box)		Other (Please explain)	niet a		
	New We!1 XX	Change in Transporter of:	İ	P131. 3		
	Recompletion	Oil Dry Gas		,		
	7	Casinghead Gas Condens	一			
	Change in Ownership	odaniqueda oda 📋				
	If change of ownership give name					
	and address of previous owner					
11.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	rmation Kind of Lease	Navaio Legse No.		
	Lease Name	J I		Navaju		
	Lucky Billy Charlie	1 WAW Fruitland	P.C.S	or Fee N00-C-20-7467		
	Location					
	Unit Letter M ; 79	90 Feet From The South Line	and 790 Feet From T	he <u>West</u>		
			· ·			
	Line of Section 22 Tow	nship 27N Range	13W , NMPM, San Ju	an County		
ш.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S			
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approv	ed copy of this form is to be sent)		
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas XX	Address (Give address to which approv	ed copy of this form is to be sent)		
	El Paso Natural Gas (P O Box 990, Farmingto	on NM 87499		
	El Paso Natural Gas C	·	Is gas actually connected? Whe			
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	No .			
	give location of tanks.					
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:	-		
IV.	COMPLETION DATA		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completio	Oil Well Gas Well	1 1 .	I same ries		
	Designate Type of Completto		XX			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	5-24-80	12-14-82	1480'	1431'		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	6082' GL	Pictured Cliffs	1220	none		
	Perforations	1 10 cores office		Depth Casing Shoe		
	1220-1334', Pictured	Cliffs		1474' GL		
	1220-1334 , Fictured	TUBING CASING AND	CEMENTING RECORD			
		·-·-	DEPTH SET	SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE	87' GL	41 cu.ft.		
	8-3/4"			231 cu.ft.		
	5"	2-7/8"	1474' GL	231 CU.TL.		
v.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow-		
•	OIL WELL	Bote for thin de	pth or be for full 24 hours) Producing Method (Flow, pump, gas li	(1 440)		
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas ii.	.,,		
				Choke Size		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bbls.	Water - Bbis.	Gas-MCF		
		1				
		1				
	CAS WELL					
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	•	•		·		
	122	3 hrs Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
		NA	228 psi	7/16" pos.		
	back pressure	I IIA				
VI.	CERTIFICATE OF COMPLIAN	CE		TION COMMISSION		
APP			nfr 27	APPROVED DEC 27 1983		
			11			
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY Original Signed by FRANK T. CHAVEZ				
					TITLE	TITLE
			Jim L. Jacobs (Signature)			
	This form is to be filed in compliance with RULE 1104.					
Jan à pur		If this is a request for allowable for a newly drilled or deepened				
	Jim L. Jacobs (Signature) Geologist		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-			
	UCU104130	ile)	able on new and recompleted w	-11-		