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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

1 File

State of New Mexico Energy, Minerals and Natural Resources Department.

Form C-104 Revised 1-1-89 See Instructions

F.O. BOX 1900, NOODE, 14141 60240		OILO	CON	SERV	ATION	DIVIS	ION			at Bou	tom of Page	
DISTRICT II P.O. Drawer DD, Antesia, NM 88210	TRICT II Drawer DD, Arlesia, NM 88210 P.O. B						Box 2088					
DISTRICT III		Sa	ınta F	e, New N	fexico 875	504-2088						
1000 Rio Brazos Rd., Aziec, NM 87410	DEO	HECTE	OD /	NI OWA	DIE AND	ALITUO	יבורו	TION				
I.	HEU				BLE AND							
Operator Operator		10 16/	TIVOI	OHI UI	L AND N	ATURAL	GAS		API No.			
DUGAN PRODUCTION CORP.										045-26336		
Address	•							1 30-	043-2033			
P.O. BOX 420, FARMING	TON N	w 8749	9									
Reason(s) for Filing (Check proper box)	1011, 14	1 0/10			По	ther (Please a	oolain					
New Well		Change in	Trans	porter of:		,	•					
Recompletion	Oil		Dry (E	FFECTIVE	_ 3 _	1-91				
Change in Operator	Casinghe	ead Gas	Cond	ensate 🔲								
If change of operator give name and address of previous operator												
II. DESCRIPTION OF WELL	AND LE	CASE										
Lease Name	Well No. Pool Name, Including						ing Formation Kind of Lease Lease No.					
BABY DOE	1 1					-				rederator Fee NM 33044		
Location			1,									
Unit LetterI	_ :18	350	Feet I	rom The S	outh Li	ne and	790.	Fe	et From The _	East	Line	
Section 29 Townshi	_ 271	J		13W		D CTG 4	San	Juan				
Section 29 Townshi	p		Range	, , , , , ,	<u>.</u>	MPM,					County	
III. DESIGNATION OF TRAN	SPORTI			ND NATU								
Name of Authorized Transporter of Oil Or Condensate						Address (Give address to which approved copy of this form is to be sent)						
GIANT REFINING INC.	P.O. BOX 256, FARMINGTON, NM 87499											
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas									copy of this fo		ent)	
DUGAN PRODUCTION CORP. (no change)					P.O. BOX 420, FARMINGTO Is gas actually connected? When							
If well produces oil or liquids, give location of tanks.	I	•			ves	ny connected	1	When 7-2	7 2-85			
If this production is commingled with that						pher						
IV. COMPLETION DATA			pour, g	ve continue	ing order non							
		Oil Well		Gas Well	New Well	Workover		Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	i	i		i	i	i	,			1	
Date Spudded Date Compl. Ready to Pr			Prod.		Total Depth				P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay							
									Tubing Depth			
Perforations						4				Depth Casing Shoe		
	TUBING, CASING AND				CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT			
A TROT DATE AND DECLIES	TEOD	1100	DIE		<u>. </u>				L			
7. TEST DATA AND REQUES					he ameda a				d	6.U 24 ba	>	
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Te		oj toda	ou ana musi	Producing M	- -				r juli 24 noui	78.)	
Date First New Oil Kills 10 14th	Date of 1e	: 34			I roomang w	iculou (1 10%)	purp,	gy., c.	· <i>y</i>			
ength of Test Tubing Pressure					Casing Pressure Choke Size						er eve	
Thomas Trees					T)				EG	EIW		
ctual Prod. During Test Oil - Bbls.				Water - Bbis.				Gas- MCF				
-						81				9 1991		
GAS WELL									LLDI	3 1001		
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF				CHEVE CO	Addrate D	V	
								DIST 3				
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size ST. 3				
L OPERATOR CERTIFICA	ATE OF	COMP	LIAN	ICE								
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					FEB 1 9 1991							
is true and complete to the best of my knowledge and belief.						Date Approved						
AIP -												
Hud Crane					By Bound). Chang							
Signature PRODUCTION SUPERINTENDENT								SUPFE	IVISOR D	STDICT	10	
BUD_CRANE PRODUCTION_SUPERINTENDENT Printed Name Title									,,.oon p	O I MICT	7	
					Title							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

2-18-91

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

2) All sections of this form must be filled out for allowable on new and recompleted wells.

1821 325-18≥ ı Telephone No.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.