4 NMOCD arrat 5 Corres Appropriate District Office
DISTRICT |
P.O. Box 1980, Hobbs, NM 88240

P.O. Drawer DD, Artesia, NM 88210

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

DISTRICT.III		Sar	nta Fe	, New M	lexico 875	604-2088						
1000 Rio Brazos Rd., Aztec, NM 87410						AUTHOR		ION				
I. TO TRANSPORT OIL						TURAL	AS	Weil /	API No.	<del></del>		
DUGAN PRODUCTION CORP.								30-0	45-2634	6		
Accress												
P.O. Box 420, Farmi Reason(s) for Filing (Check proper box)	ngton,	NM 87	499	<del></del>	i Ou	her (Piease ext	slain)					
New Well		Change in	Transpo	ner of:		ffective	•	_90				
Recompletion	Oil	X	Dry Ga		_	11000140	<i>J</i> 1	70				
Change in Operator   If change of operator give name	Casinghea	d Gas	Conden	ne [								
and address of previous operator			<del> </del>									
IL DESCRIPTION OF WELL	AND LEA											
Lease Name   Faith		Well No.	•				of Lease Lease No. Federal or Fee NM 33040					
Location	1050					· .		<u> </u>				
Unit Letter	1850 :		Feet Fro	on The	North Lin	× and		Fe	et From The	West	Line	
19 Section Townshi		27N .	Range	13W	N	<sub>мрм,</sub> San	Juan				County	
Section 10willing	<u> </u>		Kange	<del> </del>	, 1,	1411 1415						
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Oil Or Condensate						RAL GAS Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Oil Meridian Oil Inc.	P.O. Box 4289, Farmington,						ou)					
Name of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent)						ent)	
	·					<del> </del>						
If well produces oil or liquids, give location of tanks.	Unit		Тъирь 27N	Rge.  13W	Is gas actuali	y connected?	- 1	When	?			
If this production is commingled with that					ing order num	ber:	1					
IV. COMPLETION DATA		·										
Designate Type of Completion	- (X)	Oil Well	] G	as Weij	New Well	Workover	De	epen   	Plug Back	Same Res'v	Diff Res'v	
Date Spunded		l. Ready to F	Prod	· · · · · · · · · · · · · · · · · · ·	Total Depth	<b>L</b>	<del></del>	1	P.B.T.D.	<u> </u>		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth			
												Perforations
	77	IBBIC C	CA CINI	C AND	CEMENITI	NG PECOE	2.D	_				
HOLE SIZE	TUBING, CASING AND  CASING & TUBING SIZE					DEPTH SET				SACKS CEMENT		
	STIGHT OF THE STIFF											
	<u>!</u>								:	-		
V. TEST DATA AND REQUES					·				· · · · · · · · · · · · · · · · · · ·			
OIL WELL (Test must be after re Date First New Oil Run To Tank			load oi	l and must		exceed top all thou (Flow, p				or full 24 how	3.)	
Date First New Oil Kills 10 12st	Date of Test				1 tomaning land	1 104, p	ω.φ. χο	J 191, L	,			
Length of Test	Tubing Pressure				Casing Pressure				FF	FIVE	in	
Actual Prod. During Test	Oil - Bbls	<del> </del>			Water - Bbls	Water - Bbls.			Gas- MCF	<b>6 3</b> 6. 6	<del>"       -</del>	
ACTUAL FOR DURING YEAR	On - Boik								APR 2 7 1990			
GAS WELL									NI 60			
Actual Prod. Test - MCF/D	Length of Te	est			Bbis. Conden	₽1€/MMCF	,			Hater DI	<b>/.</b> · (	
	Tubing Pressure (Shut-m)				Casing Pressure (Shut-in)			Choke Size				
esting Method (pilot, back pr.)	I monig Fresh	ene (ann-m	•,		Camp i ica	ac (Sau-m)			Close Size		•	
VL OPERATOR CERTIFICA	ATE OF	COMPL	IAN	Œ	_	NI 00-			TIOL	N. (10:0		
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 is true and complete to the best of my knowledge and belief.					APR 2 7 1990  Date Approved							
000					Date	whhlone				1	<del></del>	
Bud Crane					By							
Signature Bud Crane Pr	oduction	Super	inter	<u>ndent</u>	-, -			SUPE	RVISOR	DISTRICT	#3	
Printed Name 4-26-90	,	T	īde .		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
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

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

OIL CON. DIV.