4 NMOCD

Submit 5 Copies
Appropriate District Office
DISTRICT J
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Anesia, 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

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TRA	NSPORT C	IL AND	NATURAL C	SAS				
DUGAN PRODUCTION CORP.					Well API No. 30-045-21741					
Address			<del> </del>							
P.O. Box 420, Farm	ington,	NM 87	499							
Reason(s) for Filing (Check proper box	)			A	Other (Please exp					
Recompletion	Oil		Transporter of:  Dry Gas	1	Pool Redesignation Per NMOCD Order No. R-8769					
Change in Operator	Effective 11-1-88									
If change of operator give name	Casinghea		Condensate				<u> </u>			
and address of previous operator		<del></del>			<del></del>					
II. DESCRIPTION OF WELI Lease Name	L AND LEA				·					
Pet, Inc.		2A	Pool Name, Inclu Ojo Fruit	ding Forms Tand S	and PC	Kind State	of Lease ( a. Federal or Fe	14-27	0-603-201	
Location		<u>-</u>	· <del>-</del>			<u> </u>				
Unit Letter B	:79	0	Feet From The _	North	Line and185	50 F	et From The	East	Line	
Section 36 Towns	nip 23N		Range 15W		, NMPM,	— <del></del>	San	Juan	County	
III. DESIGNATION OF TRAI	NSPORTE	R OF OU	AND NATE	IDAL C	4 C					
Name of Authorized Transporter of Oil		or Condens			(Give address to w	hich approved	copy of this fe	orm is to be se	eni)	
Name of Authorized Transporter of Casir	ighead Gas		or Dry Gas XX	Address	Give address to w	hich approved	come of this fo	orm is to be se		
ugan Production Corporation				Address (Give address to which approved copy of this form is to be sent) P.O. Box 420 Farmington, NM 87499						
If well produces oil or liquids, give location of tanks.										
If this production is commingled with that	<u> </u>		<u>L</u>			L				
IV. COMPLETION DATA	nom any othe	riease or po	OI, give comming	ling order	umber:	·				
Designate Type of Completion	- (X)	Oil Well	Gas Well	New W	ell Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl.	. Ready to P	rod.	Total De	xh		P.B.T.D.			
F1 (D.F. DVO PT				<u>'</u>			1.5.1.5.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations				1			Depth Casing	Shoe		
	TI	IBING C	ASING AND	CEMEN	TING PECOP	<u> </u>				
HOLE SIZE	TUBING, CASING ANI CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
<del></del>										
	<del> </del>			<del> </del>	·					
. TEST DATA AND REQUES	T FOR AL	LOWAB	LE	<u> </u>		<del></del>		<del></del>		
OIL WELL (Test must be after re	covery of total	volume of l	oad oil and must	be equal to	or exceed top allo	wable for this	depth or be fo	r full 24 hour	s.)	
Pate First New Oil Run To Tank Date of Test				Producing Method (Flow, pump, gas lift, etc.)						
ength of Test	Tubing Pressu			Casing Pre	< G1/29	- <del>(13</del> - 18	AGE STOR	पुरुष हरा है।		
· 	*			Casing 110	odu i C			U C II		
ctual Prod. During Test	Oil - Bbls.			Water - Bt	is.	Uti .	Gas- MCF			
						S	EP2619	19 <b>0</b>	še <sup>4</sup>	
CAS WELL CTUAL Prod. Test - MCF/D	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					OIL	COM	Dist.		
CTUAL PROOF TEST - MCF/D	Prod. Test - MCF/D Length of Test				Bbis. Condensate/MMCF			Gravity of Contentale		
sting Method (puor, back pr.)	Tubing Pressure (Shut-m)			Casing Pressure (Shut-in)			DIST, 3	· · · · · · · · · · · · · · · · · · ·	,	
(cure m)				Casing Freshire (Silut-in)			Choke Size			
L OPERATOR CERTIFICA	TE OF C	OMPLI.	ANCE	ſ		!		· <del>T</del>		
I hereby certify that the rules and regulat	ions of the Oil	Conservatio			OIL CON	SERVA	TION D	<b>IVISIO</b>	N	
Division have been complied with and that the information given above is thus and complete to the best of my knowledge and belief.				SEP 2 7 1990						
and the search my an	owierde mm p	euer.		Dat	e Approved	1`		1550		
And Land				1	. •		$\sim$	1		
Symature				By						
/Jim L. Jacobs Printed Name	<del></del>	Geolo Tid				SUPER	VISOR DIS	STRICT 1	£ 1	
September 24, 1990		325-1	1.	Title	9					
Date		Telephon			4					

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.
- 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.