5 NMOCD

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

Johnst 5 Copies
Appropriate District Office
JISTRICT J
O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT II
20. Drawer DD, Arlesia, NIM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

W Kie Bizzet Ku, Azard, 1 die	REQUE	SIFU	NSPO	RT OIL	AND NAT	JRAL GAS	S	<u>A Di</u>	Na			
perator							Well API No. 30 045 08524					
DUGAN PRODUCTION			130	04	0 06524							
P.O. Box 420, Farmin	ngton, N	M 87	499		Other	(Please explai	л)					
ason(s) for Filing (Check proper box)	C	hange in	Transpor	ter of:	Efi	ective '	9/1/9	2				
w Well U	Oil		Dry Gas	, 님								
ange in Operator X	Casinghead (Gas 🗌	Conden	rate X		2200		Du	tior Fa	arminato	n, NM 87	
hange of operator give name address of previous operator Te	Casinghead	lorati	on &	Produc	tion Inc	., 3300	NOTUI	Du	Cler, re	222		
DESCRIPTION OF WELL	AND LEAS	E	_		T		Ki	ind of	Lease	_	ase No.	
ase Name	v	7 (1, 7, 10,	Pool N	ime, Including	g Formation	State			derzhor Fee 251750			
Garrett Federal Com		1	L			. 165	50	E.at	From The	East	Line	
Unit LetterJ	_:212	0	Feet Fr			Lik and				County		
30000	ip 29N		Range		, NM	IPM,	Sai	1 00	lan			
. DESIGNATION OF TRAI	NSPORTER	OF O	IL AN	D NATU	RAL GAS Address (Give	address to w	hich appr	oved c	opy of this fo	rm is 10 be se	ni)	
ame of Authorized Transporter of Oil		or Conder	sale	XX	1 D O D	256 1	Farmiı	nat.a	n, NM	874 <u>99</u>		
Ciant Refining Inc.		head Gas or Dry Gas XX				P.O. Box 256, Farmingto Address (Give address to which approved of				opy of this form is to be seen		
ame of Authorized Transporter of Casi	or Dry	Car (XX)	P.O. Box 4990, Farmingt				ton, NM 8/499					
El Paso Natural Gas Co.					Is gas actually connected? When?							
well produces oil or liquids,	7	12	129N	i 11W	yes							
ve location of tanks. this production is commingled with tha	from any other	r lease or	pool, g	ve comming	ling order num	xer:						
this production is commingred with the V. COMPLETION DATA		Oil Wel		Gas Well		Workover	Deep	œa	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	n - (X)	i	Ì		Total Depth	L	1	1	P.B.T.D.	L		
tte Spudded	In . C Deady to Pitte											
opens						Top Oil/Gas Pay			Tubing Depth			
vations (DF, RKB, RT, GR, etc.)	Name of Pr	Name of Producing Formation				·						
									Depth Casi	ng Shoe		
prations									<u> </u>			
	7	UBINO	G. CAS	ING AND	CEMENT	NG RECO	RD		T	SACKS CEN	AENT	
HOLE SIZE	CA	SING &	TUBING	SIZE		DEPTH SE	<u> </u>			SAONO CO.		
HOLE SIZE									 			
	- TOP	11101	U A DI	F							- 1	
ST DATA AND REQU	EST FOR	ALLU1	TABL	nd oil and mu	us be equal to a	or exceed top a	llowable	for th	is depth or be	for full 24 M	ows.)	
ELL (Test must be aft.	er recovery of	otal voiw	ne oj toc		Producing P	Method (Flow,	pump, ga	ıs lift,	eic.)	. 4	R 17	
a New Oil Run To Tank	Date of Test									J 1	8 E 111	
'Test	Tubing Pr	Tubing Pressure				Casing Pressure			(I)		<u> </u>	
162					Water - Bb				MCI MCI	EP1 019	392	
xd. During Test	Oil - Bbls				Mater - Do				<u> </u>	FATO	nW.t	
									Oil	COM	נייוט.	
ELL					TRM: Cond	cosate/MMCF	·		Gravity o	Copyrg F.	3	
1 Test - MCF/D	Length o	Test			Boile Cour					The State State of the State of		
			Chief in		Casing Pre	ssure (Shut-in))		Choke Si	z e		
10d (pilot, back pr.)	Tubing F	TESSUTE (м-ш)									
		- CO	CDI I	ANICE				1	/ATION	פועום ו	ION	
RATOR CERTIFICATE OF COMPLIANCE						OIL CONSERVATION DIVISION						
ertify that the rules and regulations of the Oil Conservation ave been complied with and that the information given above					- 11					0 1992		
complete to the best of	my knowledge	and belie	ಟ್ .		Da	ite Appro	ved _		JLT 1	/1 /1	·	
11 ()	ш				- Ru	,		3	1) 6	7//		
Jacobs Geologist					'	BySUPE				RVISOR DISTRICT #3		
/ /			· · · ·	ACIET	11						. " 	
Jacobs				ogist	- ∥ т⊪	le						
Jacobs * 2			325-		- Ti	le	*					

CTIONS: This form is to be filed in compliance with Rule 1104 st for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance tule 111.

ctions of this form must be filled out for allowable on new and recompleted wells.

Continue I II III. and VI for changes of operator, well name or number, transporter, or other such changes.