Submit 5 Copies 4 NMOCD 1 File
Appropriate District
DISTRICL:
P.O. Box 1980, Hobbs, NM 88240

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., Aziec, NM 87410

P.O. Drawer DD, Artesia, NM 88210

DISTRICT I

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator					Well	API No.		
DUGAN PRODUCTION CO	RP.				30	0-045-08	3958	
Address								
P.O. Box 420, Farmi	ngton, NM 87	499				,	en (# )	
Reason(s) for Filing (Check proper b	ox)			Other (Please exp	lain)	-	<u> </u>	
New Well	Chang	e in Transpo	rter of:					
Recompletion	Oil	Dry Ga		*Re-entere	d Well	ر و الم		••• •••
Change in Operator	Casinghead Gas	_ ·				16.7	171 110	-
f change of operator give name and address of previous operator						Oll	COM.	DIA.
I. DESCRIPTION OF WE	LI. AND LEASE					VII.	DIST. 3	<del></del>
Lease Name		Jo Pool Na	me Includ	ing Formation	W: 4			<del></del>
0 Henry	1 1			uitland Coal		of Lease Federal or F		ease No.
Location		_1	DIII LI	arciana coar			E-0/1	<del></del>
Unit LetterN	:790	Feet Fro	on The _S	outh Line and 185	0 <b>F</b>	eet From The	West	Line
Section 36 Tow	ruship 30N	Range	14W	, NMPM,	San Ju			County
H DECICNATION OF TR	ANGRORIER OF				<del></del>			County
II. DESIGNATION OF TR Name of Authorized Transporter of O	il or Con	densate .	NATU	RAL GAS Address (Give address to w.	hich approved	copy of this	form is to be se	ent)
1. 11. 1. 1. 2.		1777			,,		,	,
Name of Authorized Transporter of C	asinghead Gas	or Dry C	ias XX	Address (Give address to wi	hich approved	come of this	form is to be se	
Dugan Production Co		6717		P.O. Box 420,				)
f well produces oil or liquids,	Unit Sec.	Twp		Is gas actually connected?	When		0/499	
ve location of tanks.		1	. ^8~ !	1			m nin-1:	no
this production is commingled with t	hat from any other lease	or pool. sive	COmminel	ing order number	1 W	arcind C	n pipeli	ne conn.
V. COMPLETION DATA					· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
Designate Type of Completi	on - (X)		as Well XX	New Well   Workover   Re-enterced	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded quid /- 23 100	7 Date Compl. Ready	to Prod.		Total Depth	L	P.B.T.D.	ـــــــــــــــــــــــــــــــــــــ	4
*Re-entered	6-27-91			1260'	1220'			
levations (DF, RKB, RT, GR, etc.)	Name of Producing	Formation		Top Oil/Gas Pay				
5566' GL	Fruitland Coal			1196'	Tubing Depth 1184			
erforations				1130	··· /·································	Depth Casir	_	
1196-1211'(Fruitland Coal)				1255'				
	<del></del>	G CASIN	GAND	CEMENTING RECOR	D	1 +27	<del>,</del>	<del></del>
HOLE SIZE	CASING &			DEPTH SET	T	DACKO OTAK	`	
TIVEL OILL	**8-5/8"	TODANG SI	<u> </u>	91'		SACKS CEMENT 50 sx		
6-1/4"	4-1/2"	<del></del>		1255'				
0-1/4					587 cf	<del></del>		
		1-1/4" **Previously set.		1184'		<del> </del>		
TEST DATA AND REQU						l		
<del>-</del>			l and must	be equal to or exceed top allo	.11. 4 . 41			
ate First New Oil Run To Tank	Date of Test	2 0) 1021 01		Producing Method (Flow, pu			on pull pane	<del>'1 W C</del>
ale Tha The Gill Not To Talk	Date of Test			r roducing rection (r tow, pu	mφ, gas iyi, e	" 12	P ()	a a c
ngth of Test	Tubing Pressure		Casing Pressure			Choke Size		
	I noing I ressure			Casing Picsacie	Choke Size	JUL11	19 <b>91</b> ,	
tual Prod. During Test	Oil - Bbls.			Water - Bbis.		Gas- MCE		
	Oil - Boik			Walti - Dola		Carmer	IL CO	4. DIV.
						L	DIST	
AS WELL								. •
tual Prod. Test - MCF/D	Length of Test		1	Bbls. Condensate/MMCF		Gravity of C		
				_		til pipeline connection		
ting Method (pitot, back pr.)	Tubing Pressure (Sh	ut-in)		Casing Pressure (Shut-in)		Choke Size	1 <del>S</del>	<del>obtained</del>
	210 psi S	<u> </u>		330 psi (SI	)	1		
L OPERATOR CERTIF			CE ]					
I hereby certify that the rules and re			_	OIL CON	SERVA	I NOITA	DIVISIO	N
Division have been complied with and that the information given above				1				
is true and complete to the best of m			i	Data Anneaus	, N	IAY 18	1992	
$\mathcal{L}(I)$			Ī	Date Approved	<u>''</u> ن			
from 1 (1) a	we						•	
Signature	By ORIGINAL SIGNED BY ERNIE BUSCH							
Jim L. Jacobs	G	eologis	t					
Printed Name		Title		Title	14 DIE & G	as illigaçõe	108. PD. #	<i>!</i>
7-9-91		25–1821				<del></del>		
Date	Te	lephone No.				₽		
		الكرانات		سعدنى والمناسبية				

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 with Rule 111.
- 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.