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DISTRICT 1
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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 II P.O. Drawer DD, Artesia, NM 88210

1000 Rio Brazos Rd., Aztec, NM 87410	DEC	NIECT E			DIEAN		17 4 エハハ				
I.	HEC					D AUTHOR NATURAL G					
Operator		10 11 11			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		API No.		·····	
DUGAN PRODUCTION CORP Address	•	<del></del>								<del></del>	
P.O. BOX 420, FARMING	TON. N	м <b>8</b> 749	9								
Reason(s) for Filing (Check proper box)						Other (Please exp	lain)				
New Well	•	Change in	-	· · · · · · · · · · · · · · · · · · ·	[	EFFECTIVE	3-1-91				
Recompletion	Oil Casingbe	LASI ead Gas 🔲	Dry G								
If change of operator give name and address of previous operator	Calign										
II. DESCRIPTION OF WELL	ANDLI	FASE					<del></del>				
Lease Name	Well No. Pool Name, Includ				ling Formation Kind			of Lease No.			
FRANK W. PYLE ESTATE		2	M	EADOWS	GALLUP		State,	Federal of Fee			
Location		4000			1.1		740		C+h		
Unit Letter N	_ :	1980	Feet F	rom The	west	Line and	_740 F	et From The _	South	Line	
Section 34 Townsh	i <u>p</u> 30	ON	Range	15	5W	NMPM,	San Jua	an		County	
III. DESIGNATION OF TRAN	ISPORT	ER OF O	IL AN	D NATU	JRAL GA	S					
Name of Authorized Transporter of Oil XX or Condensate						Address (Give address to which approved copy of this form is to be sent)					
GIANT REFINING INC.  Name of Authorized Transporter of Casinghead Gas or Dry Gas					P.O. BOX 256, FARMINGTON, NM 87499  Address (Give address to which approved copy of this form is to be sent)						
Name of Audionzed Transporter of Cash	gread Cas	لـــا	or Diy	- Cas	Aouress (	JIVE CICLLY ESS TO W.	nich approved	copy of this for	M 13 10 DE 3E	nu)	
If well produces oil or liquids, give location of tanks.	Unit		Twp.	: -	ls gas acti	ally connected?	When	?			
<u></u>	N	34	30N		ling order s		l		<del></del>		
If this production is commingled with that IV. COMPLETION DATA	nom any o	INCL TESSE OF	poot, ga	ve comming	ang oner n	<u></u>	<del></del>				
Designate Trans of Completion	~~	Oil Well	7	Gas Well	New We	Workover	Deepen	Plug Back  S	ame Res'v	Diff Res'v	
Designate Type of Completion  Date Spudded		ipl. Ready to	Prod		Total Dep	<u> </u>	<u> </u>	P.B.T.D.		1	
Dan Spanne		.р.: колоу ко				_		F.B. 1.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe			
			0.00				_			··- · · · · · · · · · · · · · · · · · ·	
HOLE SIZE					CEMEN	TING RECOR DEPTH SET		I SA	CKS CEME	NT	
HOLE SIZE	CASING & TUBING SIZE							<u> </u>			
								<u> </u>			
. TEST DATA AND REQUES	T FOR	ALLOWA	BLE		I			L	<del> </del>	······································	
OIL WELL (Test must be after n	<del></del>		of load o	oil and must					full 24 hour	s.)	
Date First New Oil Run To Tank	Date of Te	est.			Producing .	Method (Flow, pu	vmp, gas lift, e	ic.)			
Length of Test	Tubing Pro	essure			Casing Pre	ssure	<del>,</del> ,	ATT B	EIV	166	
					Water - Bbls			MCF		<b>L</b>	
Actual Prod. During Test	Oil - Bols.	Oil - Bbls.				Water - Bois			FEB1 91991		
GAS WELL	L				·		<del></del>		1 2 133	<del></del>	
Actual Prod. Test - MCF/D	Length of	Test	<del></del>		Bbls. Cond	en rate/MMCF		CANU.C	ON. !	<del>) V</del>	
Control of the book of the boo				Casing Pressure (Shut-in)			Choke Size				
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Fie	mare (20101-10)		Choke Size			
L OPERATOR CERTIFIC	ATE OF	COMP	LIAN	ICE	<u> </u>			·			
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.					FEB 1 9 1991						
010	J				ll Dai	e Approved		1			
Bud Crane						By_ Jane Chang					
Signature BUD_CRANE PRODUCTION_SUPERINTENDENT						SUPERVISOR DISTRICT #3					
Printed Name	<u></u>	•	Title		Title	9					
2-18-91 Date		325-186 Telep	21 booe No	o.		_ :		\$		<del></del>	

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.