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
1000 Rio Brazos Rd., Aziec, NM 87410

Appropriate District Office
DISTRICT |
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Anessa, NM 88210

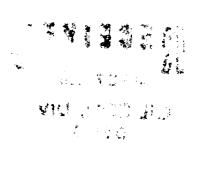
Submit 5 Copies

Santa Fe, New Mexico 87504-2088

1000 100 0100			RALLOWAE						
J. TO TRANSPORT OIL AND NATUR						Well API No.			
DUGAN PRODUCTION CORP.						30	-945-236	12 	
Address									
P.O. Box 420, Farmi	ington, NM	8749	99		ner (Please exp	Inim)			
Reason(s) for Filing (Check proper box) New Well	Ch ₂	nge in Tra	asporter of:		iki (i ieuse exp	ши			
Recompletion	Oil Dry Gas Fffective						90		
Change in Operator	Casinghead Gar	: Co	ndensate XX						
If change of operator give name and address of previous operator									
II. DESCRIPTION OF WELL	AND LEASE								
Lease Name Molly Pitcher	Well No. Pool Name, Includi						Lease No. Federal or Fee NM 628		
Location	1650	E _a .	et From The	North 990		Fe	et From The	East	Line
Unit Letter	: :_ 30N		nge 14W		мрм, San				County
Section Townsh	<u>ip</u>		uke						
III. DESIGNATION OF TRAN				RAL GAS		hich approved	of this fo	= is to be se	
Name of Authorized Transporter of Oil Giant Refining Inc.				i .		<i>nich approvea</i> Farminato			,
Name of Authorized Transporter of Casin	ighead Gas	or	Dry Gas [XX]			hich approved			ent)
El Paso Natural Gas Co	o. (no c	hange)						
If well produces oil or liquids, give location of tanks.	Unit Sec.	Tw	30N 14W	Is gas actually connected? Whe Yes 2-			? 8-80		
If this production is commingled with that	from any other lea	se or poo	i, give commingl	ing order nur	iber:				
IV. COMPLETION DATA		Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion			<u> </u>	T. I D. at	<u> </u>	11			_L
Date Spudded	Date Compl. Re	ady to Pπ	xt.	Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
Perforations				i			Depth Casing Shoe		
	TUB	NG, CA	ASING AND	CEMENTI	NG RECOR	T	<u>' </u>		
HOLE SIZE	7 - COMP - TIPNIC CITE			DEPTH SET			SACKS CEMENT		
				<u> </u>					
				<u> </u>					
V. TEST DATA AND REQUE	ST FOR ALL	OWAB	LE	h	card top all	loumble for this	deruh ar	E A	ENNT
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test				Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pressure			Casing Pressure			Choke Size	APR2	7 1990
Actual Prod. During Test	Oil - Bbis.			Water - Bbls.			GIE MCFOIL COIN. DIV		
GAS WELL				L			ł	<i>U</i> is	¥14. ¥
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure	(Shut-m)		Casing Pressure (Shut-in)			Choke Size		
VL OPERATOR CERTIFIC	CATE OF CO	MPLI	ANCE		011 001	UOED!	ATION!	אוויוכור	
I hereby certify that the rules and regu	lations of the Oil C	onservatio	00	1	OIL COI	NSERV			
Division have been complied with and is true and complete to the best of my	that the information	n given a	bove	Date	e Approve	ed	APR	27 199	U
Jan 1 de	- E &- e						<u> ۲۰۰۲ .</u>	Alu-	√
Signature (Jim L. Jacobs)		Geol	ogist	By_			UPERVIS	OR DIST	RICT #3
Printed Name		Tu		Title					
4-26-90		325- Telepho			ø				

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.



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