5 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., Aziec, NM 87410	REQUEST F	OR ALLOWAB	BLE AND AUTHORIZAT	<b>LION</b>		
TO TRANSPORT OIL AND NATURAL GAS						
Operator		Well API No.				
DUGAN PRODUCTION	N CORP.					
P.O. Box 420, Farmin	ngton, NM 8	7499				
Reason(s) for Filing (Check proper box)			Other (Please explain)			
New Well	· —	Transporter of:	Effective	x 5 -1-00		
Recompletion	Casinghead Gas	Condensate 🔯	Effective	. 2-1-90		
If change of operator give name						
and address of previous operator	AND ACAGE					
Lease Name	DESCRIPTION OF WELL AND LEASE Well No.   Pool Name, Include		ng Formation	Kind of Lease	NM 628	
Molly Pitcher	1E	Basin	Dakota	State Federal of Fee	NPI 020	
Location I	1850	Feet From The	outh Jipe and	Feet From The	East Line	
Unit Letter14 Section Township	30N	Range 14W	NMPM, San J	uan	County	
3,000					<del></del>	
III. DESIGNATION OF TRAN	SPORTER OF O	IL AND NATU	RAL GAS	approved copy of this for	m is to be sent)	
Name of Authorized Transporter of Oil or Condensate XX Giant Refining Inc.			Address (Give address to which approved copy of this form is to be sent) P.O. Box 256, Farmington, NM 87499			
Name of Authorized Transporter of Casing	ghead Gas	or Dry Gas XX	Address (Give address to which o	approved copy of this for	m is to be sent)	
El Paso Natural Gas Co	. (no chan	1 -		When 2		
If well produces oil or liquids, give location of tanks.	Unit Sec.	30N 14W	Is gas actually connected? Yes	When?	2-28-80	
If this production is commingled with that	from any other lease or	pool, give comming	ing order number:			
IV. COMPLETION DATA	Oil Wel	Gas Well	New Well Workover	Deepen   Plug Back   S	ame Res'v Diff Res'v	
Designate Type of Completion		l Gas wen		i		
Date Spudded	Date Compl. Ready to	o Prod.	Total Depth	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing F	ormation .	op Oil/Gas Pay Tubing Depth			
Perforations				Depth Casing	Shoe	
	TIRING	CASING AND	CEMENTING RECORD			
HOLE SIZE CASING & TUBING SIZE			DEPTH SET	SA	SACKS CEMENT	
V. TEST DATA AND REQUES	T FOR ALLOW	ABLE		to for this doub or he for	r full 24 hours )	
OIL WELL (Test must be after t	ecovery of total volume	of load oil and must	be equal to or exceed top allowab Producing Method (Flow, pump,	gas lift, etc.)	PEIVE	
Date First New Oil Run To Tank	Date of Test			IX.	O E I O E	
Length of Test	Tubing Pressure		Casing Pressure	Chold He	APR 2 7 1990	
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.	Gas- MCF	CON. DIV	
	1		<u> </u>		DIST. 3	
GAS WELL Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF	Gravity of Co	ndensite	
WEITHE LIGHT 1695 - MICTIN	_				The second secon	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-m)		Casing Pressure (Shut-in)	Choke Size		
VL OPERATOR CERTIFIC	ATE OF COM	PLIANCE	OIL CONS	ERVATION D	IVISION	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above			APR 2 7 1990			
is true and complete to the best of my knowledge and belief.			Date Approved	APR 2	( 133 <b>U</b>	
for & Jane						
Signature Lim L. Jacobs Geologist			By	SUPERVISOR	DISTRICT #3	
Primed Name 4-26-90		Tule 25-1821	Title			
Date		iephone No.				

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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