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SANTA FE			
FILE			
U.S.G. S .			
LAND OFFICE			
TRANSPORTER	OIL		
	G A S		
OPERATOR PROHATION OFFICE			
		1	

Form C-104

-	SANTA FE	REQUEST FO	OR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65	
ŕ	FILE		AND SPORT OIL AND NATURAL GAS		
ŀ	LAND OFFICE	AUTHORIZATION TO TRAN	STORY OIL AND TOTAL OFFI		
<u> </u>	OIL				
	TRANSPORTER GAS				
	OPERATOR				
1.	PRORATION OFFICE				
	DUGAN PRODUCTIO	N CORP.			
P 0 Box 208, Farmington, NM 87401					
	New Well Recompletion	Oil Dry Gas	Effective 5-1-	82	
	Change in Ownership	Casinghead Gas Condens	ate KX		
1					
	If change of ownership give name and address of previous owner				
	DESCRIPTION OF WELL AND I	FISE		Lecse No.	
11.	DESCRIPTION OF WELL AND LI	Well No. Post Adme, mercany			
	Stella Needs A Com	1E Basin Dakota	State, 1 oct. a. c	166	
	Location D 790	North	and 790 Feet From The	West	
	Unit Letter;	Feet From The Line	and	1	
	Line of Section 36 Town	ship 30N Range 1	4W , NMPM,	San Juan County	
III.	DESIGNATION OF TRANSPORT	er OF OIL AND NATURAL GAS	Address (Cine address to which approve	d copy of this form is to be sent)	
	Maine of Authorized Transporter of Off	Inc	Box 256, Farmington, N	M 87401	
	Giant Refining	nghead Gas Cor Dry Gas XX	Address (Give address to which approve	d copy of this form is to be sent,	
	El Paso Natural	Gas Co.	Box 990, Farmington, N	ew Mexico 87401	
	If well produces oil or liquids,	Unit Sec. Twp. Pige.	Is gas actually connected? When		
	give location of tanks.		i dia ander number		
	If this production is commingled with	n that from any other lease or pool, a	give comminging order number	Flug Back Same Res'v. Diff. Res'v.	
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resit. Dim Nes 1	
	Designate Type of Completion	n – (A)	Total Depth	P.B.T.D.	
	Date Spudded	Date Compl. Realy to Prod.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
				Depth Casing Shoe	
	Perforations				
		TUBING, CASING, AND	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	HOLE SIZE				
		D ALLOWARIE (Test mist be a	fter recovery of total volume of load oil a	nd must be equal to or exceed top allow-	
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceable for this depth or be for full 24 hours) OIL WELL Producing Method (Flow, pump, gas lift, etc.)					
	Date First New Oil Run To Tanks	Date of Test	producing Method (1:00, powp. =-		
		Tubing Pressure	Casing Pressure	Cheke Size	
	Length of Test	I dom't his are		2 105	
	Actual Prod. During Test	Cil-Bris.	Water-Bhis.	Gas-MCF	
	<u></u>				
	GAS WELL Actual Prod. Tost-MOF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
	Actual Prod. 1881-MOF7D			Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	C.1022 0.23	
			II OII CONSERVA	TION COMMISSION	
V	I. CERTIFICATE OF COMPLIAN	C E		39 7	
APPROVED 19					
	I hereby certify that the rules and Commission have been compiled	regulations of the Oil Constitution given with and that the information given a heat of my knowledge and belief.		T. CHAVEZ	
	above is true and complete to the	best of my knowledge and belief.	TITLESUPERVISOR DISTRICT	# 3	
		/	TITLE	the multiplier tina	
		1,110, -	- 11	compliance with RULE 1104. Rable for a newly drilled or despens Intend by a tablistion of the deviation	
	$X, \mathcal{U}, \mathcal{U}$	NOW	If this is a request for allow	inled by a tabulation of the deviation	

Thomas A. Dugan

President

4-23-82

If this is a request of the secondaried by a tabliation of the deviation well, this form must be accompanied by a tabliation of the deviation with HULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transporten or other such change of condition.