Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico

E. J, Minerals and Natural Resources Departmen.

**OIL CONSERVATION DIVISION** 

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

5 NMOCD (Hobbs)

1 Pennant Pet. 1 File

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS I.

Operator								Well API No. 30-025-24784				
Dugan Froduction Corporation												
Address PO Box 420 709 East Murray Drive,	Farmin	ngton,	New	Mexico		420 x (Please expla	rim)			····		
Reason(s) for Filing (Check proper box)		Change in	Trans	porter of:		•		nee	. 4 1 00			
Complete City Complete City Complete City 4-1-95												
Change in Operator Casinghead Gas Coodensate Change of Operator Effective 6-4-93										- <del></del>		
If change of operator give name and address of previous operator Ker	r-McGe	e Corpo	orat	ion, P.	O. Box	11050, M	lidland,	TX 797	02	•		
II. DESCRIPTION OF WELL AND LEASE												
Lease Name Bilbrey 23	Well No. Pool Name, Include Sawyer, Well No.				-	Andres)	1	Kind of Lease State; Federal-tix Ree		Lesse No. LC-065151		
Location  Unit Letter $\frac{I}{}:\frac{1980}{}$ Feet From The $\frac{South}{}$ Line and $\frac{660}{}$ Feet From The ${}$ East Line												
Section 23 Township 9S Range 37E						E ,NMPM, Lea				County		
III. DESIGNATION OF TRAN	SPORTE			ND NATU		•						
Name of Authorized Transporter of Oil	$\mathbf{x}$	or Conden	salo		Address (Give address to which approved copy of this form is to be sent)							
Lantern Petroleum Com Name of Authorized Transporter of Casing	v Gas [	P. O. Box 2281, Midland, TX 79702  Address (Give address to which approved copy of this form is to be sent)										
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Trident NGL, Inc.						$0 \times 50250$				-,		
If well produces oil or liquids,	•				is gas actually connected? Wh			en ?				
give location of tanks.	L	23	99		Yes		5	/75				
If this production is commingled with that IV. COMPLETION DATA	from any oth	·			·				γ			
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen 	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
Perforations								Depth Casing Shoe				
	r	UBING,	CAS	ING AND	CEMENTI	NG RECOR	D					
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT			
					<del> </del>							
	<del> </del>	····						1	<u> </u>			
V. TEST DATA AND REQUES OIL WELL (Test must be after r					he equal to or	exceed top allo	owable for the	is depth or be	for full 24 hou	rs.)		
Date First New Oil Run To Tank						be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.				Water - Bbla.			Gas- MCF				
GAS WELL	<u> </u>				<u> </u>							
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.					OIL CONSERVATION DIVISION  Date Approved JUN 1 4 1993							
Son 1 Jim					Orig. Signed by Paul Kautz							
Jim I. Jacobs Vice-President  Product Name Tide					Geologist Title							
_6/8/93	505	-325-1	821	<del></del>						<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 sactions 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.