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

State of New Mexico' Energy, Minerals and Natural Resources Depa. ... ent

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

5 NMOCD (Hobbs) 1 File

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

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM \$7410		·	BLE AND AUTH			Pennant P	et.	
L	TO TRA	ANSPORT OIL	AND NATURA		ell API No.			
Operator Dugan Production Corporation					30-025-24901			
P.O. Box 420, Farming	ton. New Mexi	ico 87 4 99-0	420					
Reason(s) for Filing (Check proper box)			Other (Plea	se explain)				
New Well	Change is	Dry Gas						
Recompletion Change in Operator	Casinghead Gas [
f change of operator give name and address of previous operator								
L DESCRIPTION OF WELL						Leave	No	
Lesse Name Allied 93	Well No.		n Andres) Ag	1 -	ind of Lease MOX, Federal of The	NM01038		
Location	1000		North	1980		West		
Unit Letter	_ :	_ Feet From The	Line and	1300	Feet From The		Line	
Section 24 Township	9 S	Range 37E	, NMPM,	Lea			County	
III. DESIGNATION OF TRAN	SPORTER OF C	II. AND NATU	RAL GAS					
Name of Authorized Transporter of Oil	orter of Oil TXXI or Condensate		Address (Give address to which approved copy of th P.O. Box 2231, Midland, TX					
Lantern Petroleum Com Name of Austroized Transporter of Casing		or Dry Gas	Address (Give address	ddress (Give address to which approved copy of this form is to be sent)				
Warren Petroleum Comp	leum Company		P.O. Box 15					
If well produces oil or liquids, give location of tanks.	D 24	95 37E	is gas actually connec Yes	cted?	hen? 12-74			
f this production is commingled with that i	from any other lease or	pool, give comming	ling order number.					
V. COMPLETION DATA	Qi We	I Ges Well	New Well Work	over Deep	ea Plug Back Sa	me Res v D	ill Res'v	
Designate Type of Completion			Total Depth		PRTD.			
Date Specified	Date Compl. Rendy t	io Likoer			1212	P.B.I.D.		
Develors (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay		Tubing Depth	Tubing Depth		
Perforations					Depth Casing S	boe		
		CACDIC AND	CEL CENTRAL DE	ECOPD .				
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE			H SET	SA	SACKS CEMENT		
<u> </u>	<u> </u>							
y. TEST DATA AND REQUES	T FOR ALL OW	ADIE					······································	
Y. TEST DATA AND REQUES OIL WELL (Test must be after to	ecovery of total volume	nduce of load oil and must	be equal to or exceed	top allowable fo	r this depth or be for	full 24 hours.)		
Date First New Oil Rua To Tank	Date of Test		Producing Method (F	low, pump, gas i	(ift, etc.)			
Length of Test	Tubing Pressure		Casing Pressure		Choke Size			
Actual Prod. During Test	Oil - Bhis.		Water - Bbis.		Gas- MCF	Gas- MCF		
World Lion David year	04 - Bak							
GAS WELL					Course of Con	descrite		
Actual Prod. Test - MCF/D	Length of Test		Bbis. Condensate/MMCF		Cravity of Condensate			
esting Method (pitat, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shot-in)		Choke Size			
	 	DE LANCIE	<u> </u>				 -	
VI. OPERATOR CERTIFIC I bereby certify that the rules and regula	ations of the Oil Conse	ervation	OIL (CONSER	RVATION D	IVISION	i	
Division have been complied with and is true and complete to the best of my h	that the information gi	vea above	D-1- A	an od	FEB 93 195	14		
Δ			Date App	noveu	FEB 93 199			
for 1 far	11	RIGINAL SIG	NED BY JERRY	SEXTON				
Jim L. Jacobs	DISTRICT SUPERVISOR							
1-24-94	505-325-	Tale 1821	Title	Types . 1				
Dute	Te	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.