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

State of New Mexico' Energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION P.O. Box 2088

5 NMOCD (Hobbs)

Santa Fe, New Mexico 87504-2088

1 File
1 Pagnant Pet

1000 Rio Brizos Rd., Aziec, NM \$7410	REQUEST F						1	remant	ret.	
L TO TRANSPORT OIL AND NATURAL GAS Operator							Well API No.			
Dugan Production Corporation					30-025-25215					
P.O. Box 420, Farming	ton, New Mexi	со	87499 - 0	420						
Reason(s) for Filing (Check proper box)	Q	. *	- of	Ou	nes (Piease exp	lain)				
New Well Recompletion	Oil Change is	Dry G								
Change in Operator	Casinghead Gas	Conde	asste 🗌			· · · · · · · · · · · · · · · · · · ·				
If change of operator give name and address of previous operator					· · · · · · · · · · · · · · · · · · ·					
IL DESCRIPTION OF WELL	AND LEASE	 -							N-	
Lesse Name Bilbrey 51	Well No.	Pool N Saw	iyer (Sa	n Andre	s) Assa	Kind Kind	of Lease Federal of Fee	(LC-	065151	
Location B	1980			East _	. 86		. ** ***	North		
Unit Letter	_ :	_ Feet F		Lir	se and	Fe	et From The _		Line	
Section 23 Townshir	9S P	Range	3/6	, N	MPM,			· · · · · · · · · · · · · · · · · · ·	County	
III. DESIGNATION OF TRAN	SPORTER OF O	IL AN	ND NATU	RAL GAS						
Name of Authorized Transporter of Oil			1	ox 2281,			copy of this form is to be sent) TX 79702			
Lantern Petroleum Com Name of Authorized Transporter of Casing		or Dry	Gas 🔲	Address (Gr	we address to w	hich approved	copy of this for	rm is to be se	ध्याः)	
Warren Petroleum Comp	any						OK 7410	2		
If well produces oil or liquids, give location of tanks.	Unix Sec.	Twp 95	1 37F	Yes	ly connected?	Whea	2-79			
If this production is commingled with that i	<u> </u>	1 7 7			ber.					
IV. COMPLETION DATA	Oil Wel		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		' i	Cas wes							
Date Spadded	Date Compl. Ready to	o Prod.		Total Depth			P.B.T.D.			
Elevations (DF, REB, RT, GR, atc.)	Name of Producing F	crimatica	1	Top Oil/Gas Pay			Tubing Depth	Tubing Depth		
Perforations					<u> </u>		Depth Casing Shoe			
	TUBING	CASI	NG AND	CEMENTI	NG RECOR	SD CO	<u> </u>			
HOLE SIZE CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
TOTAL AND DEOLEC	T FOR ALLOW	A DI E								
V. TEST DATA AND REQUES OIL WELL (Test must be after re	of FUK ALLUW ecovery of total volume	ADLE of load	, oil and must	be equal to a	r exceed top all	lowable for thi	s depth or be fo	r full 24 hou	oz.)	
Date First New Oil Run To Tank	Date of Test	· · · · · · · · · · · · · · · · · · ·		Producing M	lethod (Flow, p	ump, gas lift, i	ac.)			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbis.			Water - Bbis.			Gas- MCF			
GAS WELL				<u> </u>		<u> </u>	<u> </u>			
Actual Prod. Test - MCT/D					Bbis. Condensate/MMCF			Gravity of Condensate		
Fosting Method (pilot, back pr.)	Tubing Pressure (Shiff-in)			Casing Pressure (Sint-in)			Choke Size			
VL OPERATOR CERTIFIC.	ATE OF COLO	PITAI	NCF	ļ			<u> </u>			
I hereby certify that the rules and regula	ations of the Oil Conse	ryation		1	OIL CO	NSERV.	ATION [NSIC	אכ	
Division have been complied with and is true and complete to the best of my h	mat the unformation givenerated given	FCE 200V	~	Date	e Annrove	ed	FEB 03	1994		
1	6-			Dal	c , upplove					
Signature Vine Description				By ORIGINAL SIGNED BY ISSUED						
/ Jim L. Jacobs Vice-President				DISTRICT I SUPERVISOR						
1-24-94	505-325-		Nie	''''	·					
Dute	Tei	epbone l	140.	11						

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) Senarate Form C-104 must be filed for each pool in multiply completed wells.