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

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

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 File

1 Pennant Pet.

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

1000 Rio Brazos Rd., Aziec, NM \$7410 L.						AUTHOR TURAL G	AS				
Dugan Production Corporation							Well API No. 30-025-25296				
Address											
P.O. Box 420, Farming Reason(s) for Filing (Check proper box)	ton, Ne	w Mexic	00 8	87499-0		nes (Please exp	iain)				
New Well		Change in	•		<u> </u>	,	,				
Recompletion	Oil		Dry Ga								
Change in Operator If change of operator give same	Cannghea	d Gas 🔯	Condes	and							
and address of previous operator											
IL DESCRIPTION OF WELL AND LEASE Well No. Pool Name, including						Comption Vinda			of Lease No.		
Lesse Name Bilbrey 23					st (San Andres)			Federal ox Fox LC-065151			
Location p	800			F	ast	. 80	Λ		South		
Unit Letter	_ ;		Feet Fr	rom The _	Lin	se and800	Fe	et From The _	304 CII	Line	
Section 23 Township	9 S		Range	37E	, N	мрм,	Lea	 -		County	
III. DESIGNATION OF TRAN	SPORTE	R OF OI	L AN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil Or Condensate Address (Gin							ve address to which approved copy of this form is to be sent)				
	Lantern Petroleum Company							TX 79702 copy of this form is to be sent)			
Name of Authorized Transporter of Casinghead Gas [XX] or Dry Gas Warren Petroleum Company				P.O. Box 1589, Tulsa,							
If well produces oil or liquids,		-	Twp.	Rge	Is gas actually connected? When			?			
give location of tasks. If this production is commingled with that i		23 1	9 <u>\$</u>	37E	Yes	her	7-	/6			
IV. COMPLETION DATA	NOM MAY OUR	a man or p	, p .								
Designate Type of Completion	. (20)	Oil Well		Gas Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		L Ready to	Prod.		Total Depth	<u> </u>	<u> </u>	P.B.T.D.			
Elevations (DF, RKB, RT, GR, stc.) Name of Producing Formation					Top Ol/Gas Pay			Tubing Depth			
Performicas					 			Depth Casing Shoe			
TUBING, CASING AND					CEMENTING RECORD						
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE		L			l			
OIL WELL (Test must be after re	covery of lot	el volume o	fload o	oil and must					r full 24 hou	FS.)	
Date First New Oil Run To Tank	Date of Test				Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure			Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bhis.			Water - Bbis	Water - Bbls.			Gas- MCF			
GAS WELL	l				L			<u> </u>			
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shint-m)				Casing Pressure (Shut-in)			Choke Size			
	<u> </u>				ļ.			L			
VL OPERATOR CERTIFIC				ICE		OIL CON	NSERV	ATION E	DIVISIO	NC	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					FEB 03 1994						
is true and complete to the best of my k	nowledge an	d belief.			Date	Approve	.d				
Show h Sin	ul	-								*	
Vice-President					By_	By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR					
Frinted Name 1-24-94	505-	325-18			Title				, maret		
Date	C	Telep	bone N	lo.							

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
- 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.