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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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

## State of New Mexico Energy, Minerals and Natural Resources Department.

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

5 NIMOCD (Hobbs)

1 File

000 Rio Brazos Rd., Aztec, NM 87410						AUTHORIZ	S	1 Penr	ant		
Openior Dugan Production Corner					<del>-</del>		Well	<b>PI No.</b> 005-1045	9 /		
Dugan Production Corpor					<u></u>			303 1043	-		
709 East Murray Drive,	Farmin	gton, N	lew M	exico	87499-0	420 es (Please expla	in)	<del></del>			
Reason(s) for Filing (Check proper box)  New Well  Recompletion	Oil		ransport Dry Gas Condens		Char	nge of Ow nge of Op	nership	effecti effectiv	ve 3-1-9 e 5-24-9	3	
f change of operator give name	Casinghead				O. Box	11050, M	fidland.	Texas	79702		
and actives of previous operator			lacı	Oil, I.	O. Box	11050, 1.	<u> </u>				
I. DESCRIPTION OF WELL A Lease Name KM Chaveroo SA Unit								of Lease Rechencion Res			
Location Unit LetterA	:66	<u>0</u>	Feet Fro	on TheN	orth Li	se and6	660 F	cet From The	East	Line	
Section 2 Township	8S	ı	Range	33E	, N	мрм,	Chave	s	<del></del>	County	
III. DESIGNATION OF TRAN	SPORTE	R OF OII	LANI	NATU	RAL GAS	•					
Name of Authorized Transporter of Oil x or Condensate					Address (Give address to which approved copy of this form is to be sent)  P. O. Box 900, Dallas, TX 75221					uni)	
Mobil Pipeline Corporation  Name of Authorized Transporter of Casinghead Gas X or Dry  Trident NGL, Inc.				Gas	Address (Gi	we address to wh Box 5025(	hich approved	d copy of this f	orm is to be se	int)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.   1	Iwp. 8S	Rge.	<del></del>	lly connected?	Wher	1 7			
If this production is commingled with that i	1	er lease or po			ing order num	nber:					
V. COMPLETION DATA  Designate Type of Completion	- (X)	Oil Well	G	ias 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 Dep	Tubing Depth		
Perforations								Depth Casi	Depth Casing Shoe		
TUBING, CASING ANI					CEMENT				0.01/0.001/0		
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
	ļ										
					ļ					·····	
V. TEST DATA AND REQUES OIL WELL (Test must be after t	ST FOR A	LLOWA	BLE of load	oil and mus	the equal to a	or exceed top all	lowable for 1	is depth or be	for full 24 hou	as.)	
Date First New Oil Run To Tank	Date of Te		<del></del>		Producing N	Method (Flow, p	ump, gas lift,	etc.)			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size	Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF	Gas- MCF			
GAS WELL	L		- <del></del>		<u> </u>						
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
VI. OPERATOR CERTIFIC  I hereby certify that the rules and regu Division have been complied with and is true and complete to the best of my	lations of the that the info	: Oil Consen rmation give	vation		11	OIL CO	ed	JUN - 1	1993 EXTON	ON ———	
Signature Jim L. Jacobs	Vic	e-Pres		t							
Printed Name 5/26/93		325–	Tide 1821	,	Titl	Θ					
5/26/93 Date			phone	No.	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 Nuts 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.