Submit 5 Copies Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico Energy, Minerals and Natural Resources Department

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

OLL CONSERVATION DIVISION

P.O. Box 2088

5 NMOCD (Hobbs)

1 File

DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410

Santa Fe, New Mexico 87504-2088

1 Pennant Pet

•					BLE AND			1 I CIMIC	110 1 00.		
I. Operator		TO TRA	NSF	PORT O	L AND NA	TURAL G	AS				
Dugan Production Corpo		Wall API No. 30-005									
Address PO Box 420,							l		05-10	1462	
709 East Murray Drive	; Farmin	gton,	New	Mexico	87499-0	420					
Reason(s) for Filing (Check proper box)					Oth	es (Please exp	lain)				
New Well		Change in	-		Chanc	re of Ow	nership	effectiv	e 3-1-9	3	
Change in Operator	Oil Catinghead	_	Dry C	ensate				effective			
If change of operator give same					O D	11050					
and address of previous operator	si i -McGe	e corp	ora	tion, P	. 0. Box	11050,	midiand,	Texas /	9/02		
II. DESCRIPTION OF WELL Lease Name			, 								
								of Lease Fedroxies: Fee		esse No.	
Location			One	17 61 00	(bail Midi	. 03)			K_5	27	
Unit LetterD	. 66	0	Feet F	mm The	North Line	and 6	60 _E	et From The _	West	Line	
,	90					,		~ 110m 1m _			
Section 1 Townshi	ip 8S		Range	33E	, NI	ирм, ^ч	Chaves	T		County	
III. DESIGNATION OF TRAN	SPORTE	R OF OI	L AN	ND NATL	RAL GAS	J.	sert,	الم ستم	reli		
Name of Authorized Transporter of Oil	ছিল	or Conden						copy of this fo		eri)	
Mobil Pipeline Corpor	P. O. Box 900, Dallas, TX 75221										
Name of Authorized Transporter of Casinghead Gas Trident NGL, Inc.					Address (Give address to which approved copy of this form is to be sent) P. O. Box 50250, Midland, TX 79710						
If well produces oil or liquids, Unit Sec. Twp. pive location of tanks. A 2 8S					Is gas actually connected? When? Yes 1/67						
If this production is commingled with that				33E	_1			7 07~		·	
IV. COMPLETION DATA		·	····		~		-,	······································			
Designate Type of Completion	- (X)	Oil Well	- }	Gas Well	New Well	Workover	Doepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		Date Compt. Ready to Prod.			Total Depth		.1	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas F	V					
								Tubing Depth			
Perforations					<u>* </u>			Depth Casing Shoe			
		IRING	CASI	NG AND	CEMENTIN	JG RECOR	D	!			
HOLE SIZE CASING & TUBING SIZE					DEPTH SET			S	SACKS CEMENT		
	 				<u> </u>			ļ			
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE		<u> </u>			l			
OIL WELL (Test must be after r					be equal to or	exceed top allo	owable for this	depth or be fo	r full 24 hou	rs.)	
Date First New Oil Run To Tank	Producing Method (Flow, pump, gas lift, etc.)										
	<u> </u>							Choke Size			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size				
ctual Prod. During Test Oil - Bbls.				Water - Bbis.			Gas- MCF				
GAS WELL											
Actual Prod. Test - MCF/D	Length of Te	est		 -	Bbls. Condens	ale/MMCF		Gravity of Co	adensate		
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
Senis interior (Senis rece by A						, (O. L. 12)					
VI. OPERATOR CERTIFIC	ATE OF	COMPI	JAN	NCE.			· · · · · · · · · · · · · · · · · · ·				
I hereby certify that the rules and regula				.02	, C	IL CON	ISERV	ATION D	IVISIC	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					JUN - 1 1993						
18 true and complete to the sest of my b	manicage sad	• •्राध			Date	Approve	d				
for 1 Jane					By ORIGINAL SIGN TO BY JESRY SEXTON						
Signature Jim L. Jagobs	Vice	-Presi	dent	- -	By	<u>_</u>	·		 		
Printed Name 5/26/93	22	5–1821	Title		Title.						
	32		hone i	Vo.							

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 L 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 root in multiply completed malls.