Submit 5 Copies
Appropriate District Office
DISTR!CT J
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Departmen

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

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

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

OIL CONSERVATION DIVISION

5 NMOCD (Hobbs)

1 File

DISTRICTIII		

1000 Rio Brazos Rd., Aztec, NM 87410 1 Pennant Pet. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Dugan Production Corporation 30-005-10466 Address P.O. Box 420,
709 East Murray Drive, Farmington, New Mexico 87499-0420
Other (Pi Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Dry Gas Recompletion Oil Change of Ownership effective 3-1-93 X Change in Operator Casinghead Gas Condensate Change of Operator effective 5-24-93 If change of operator give name and address of previous operator Kerr-McGee Corporation, P. O. Box 11050, Midland, Texas 79702 **II. DESCRIPTION OF WELL AND LEASE** Pool Name, Including Formation Well No. Kind of Lease State, Frederick of Frederick Lease No. KM Chaveroo SA Unit 0G-1062 Chaveroo (San Andres) 13 Location North Line and 1980 West Unit Letter. Feet From The Feet From The Line Section 2 33E Chaves Township Range NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Mobil Pipeline Corporation Γ P. O. Box 900, Dallas, TX 75221 Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent)
P. O. Box 50250, Midland, TX 79710 X or Dry Gas [Trident NGL, Inc. Twp. 8S If well produces oil or liquids, give location of tanks. Is gas actually connected? Yes Rga. 33E Ε 2 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'y Designate Type of Completion - (X) Date Spudded Total Depth Date Compl. Ready to Prod. P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD **HOLE SIZE** CASING & TUBING SIZE SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) Choke Size Length of Test Tubing Pressure Casing Pressure Gas- MCF Water - Bbls Actual Prod. During Test Oil - Bbls. **GAS WELL** Actual Prod. Test - MCF/D Bbls. Condensate/MMCF Gravity of Condensate Length of Test Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation

Data Telephone No.

Division have been complied with and that the information given above

is true and complete to the best of my knowledge and belief.

Signature Uim L.

Printed Name

5/26/93

nos

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.

Date Approved .

By.

Title_

JUN - 1 1993

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Vice-President

-1821

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.