Submit 5 Copies Appropriate District Office <u>PISTRICT 1</u> BO BOT 1980 Mobbs NM 88240]	Er - Y, N	S Ainerals		Form C-104 Revised 1-1-89 See Instructions at Bottom of Page							
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210				P.O. B	ox 2088	TION DIVISION ox 2088 exico 87504-2088				5 NMOCD (Hobbs) 1 File		
1 Pennant Pet. 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION												
I. Openior Dugan Production Corpo	AND NATURAL GAS Wall API No. 30-005-10531											
709 East Murray Drive, Reason(s) for Filing (Check proper box)	Farmin	ngton,	New N	lexico		420 est (Please ex	nloin)					
New Well Recompletion Change in Operator	Vell Change in Transporter of: upletion Oil bit Dry Gas c in Operator Casinghead Gas Condensate Change of Operator effective 5-24-93											
If change of operator give name Ke:	rr-McGe	e Corp	orati	lon, P	. 0. Box	11050,	Mid1	and,	Texas 7	9702		
II. DESCRIPTION OF WELL A	NSE Well No. 113						of Lease Bedroot modea					
Location Unit LetterP	. :	990 Feet From The			South Line and 990			F o	et From The _	From TheEast		
Section ² Township	Section 2 Township 8S Range 33E					,NMPM, Chaves				County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Supertion Well Name of Authonized Transporter of Oil Image Address (Give address to which approved copy of this form is to be sent) Mobil Pipeline Corporation P. O. Box 900, Dallas, TX 75221												
Name of Authonized Transporter of Casing Trident NGL, Inc.		or Dry (Gas 🛄	Address (Give address to which approved P. O. Box 50250, Midla				copy of this form is to be sent) nd, TX 79710				
If well produces oil or liquids, give location of tanks.	Unit E			Rge. 33E	Is gas actually connected? Wh Yes			When	1/67			
If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA												
Designate Type of Completion -	· (X)	Oil Well	G	as Well	New Well	Workover	De	epen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded Date Cor		N. Ready to	Prod.		Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	roducing Formation			Top Oil/Gas Pay			Tubing Depth					
Perforations										Depth Casing Shoe		
				ASING AND CEMENTING						SACKS CEMENT		
HOLE SIZE	<u> </u>	SINGETU	BINGS		DEPTH SET							
V. TEST DATA AND REQUES OIL WELL (Test must be after re					he coulto o		llourble	for this	denth or he la	r full 24 hour	•)	
Date First New Oil Run To Tank	be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)											
Length of Test	Tubing Pressure				Casing Press	using Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbia.			Gas- MCF				
GAS WELL cual Prod. Test - MCF/D Length of Test					Bbls. Condentate/MMCF				Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-m)			Casing Pressure (Shut-in)			Choke Size					
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information gives above is true and complete to the best of my knowledge and belief.					OIL CONSERVATION DIVISION Date Approved							
Jim L. JacobsVice-PresidentPrinted NameTitle5/26/93325-1821DataTalephone No.)						
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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.

OCD HOBBS OFFICE

MAY 2 0 1993

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