

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENTOIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.D.A.	
FIELD OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
OPERATION OFFICE	

Operator

DUGAN PRODUCTION CORP.

Address

P.O. Box 208, Farmington, NM 87499

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)

Gas hooked up

If change of ownership give name  
and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Olympic</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Undesignated Gallup</b>	Kind of Lease State, Federal or Fee <b>Fed.</b>	Lease No. <b>NM 23744</b>
Location				
Unit Letter <b>I</b>	Feet From The <b>1980'</b>		Line and <b>South</b>	Feet From The <b>660'</b>
Line of Section <b>3</b>	Township <b>23N</b>	Range <b>10W</b>	County <b>San Juan</b>	

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Giant Refining (No Change)</b>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Dugan Production Corp.</b>	<b>P.O. Box 208, Farmington, NM 87499</b>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <b>I</b>	Sec. <b>3</b>
Twp. <b>23N</b>	Rge. <b>10W</b>
<b>Yes</b> <b>6-13-85</b>	

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

## VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have  
been complied with and that the information given is true and complete to the best of  
my knowledge and belief.Jim L. Jacobs  
Geologist

(Signature)

(Title)

6-28-85

(Date)

## OIL CONSERVATION DIVISION

APPROVED

BY

TITLE

SUPERVISOR DISTRICT 4, 5

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened  
well, this form must be accompanied by a tabulation of the deviated  
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allow-  
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of owner-  
well name or number, or transporter or other such change of condition.Separate Forms C-104 must be filed for each pool in multiple  
completed wells.