

4 NMOCD

1 Mancos Corp.

1 File

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASForm C-104
Revised 10-01-78
Format 06-01-83
Page 1RECEIVED
JAN 30 1986
OIL CON. DIV.
DIST. 3

I.

Operator DUGAN PRODUCTION CORP.	
Address P O Box 208, Farmington, NM 87499	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate Change of Pool*

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Wit's End	Well No. 3	Pool Name, Including Formation South Bisti-Gallup*	Kind of Lease State, Federal or Fee State	Lease No. LH 1896
Location				
Unit Letter K	1500	Feet From The South	Line and 1980	Feet From The West
Line of Section 2	Township 23N	Range 10W	NMPM,	San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

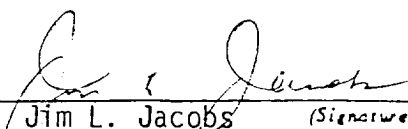
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Mancos Corp. (NO CHANGE)	Address (Give address to which approved copy of this form is to be sent) P O Box 1320, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Dugan Production Corp. (NO CHANGE)	Address (Give address to which approved copy of this form is to be sent) P O Box 208, Farmington, NM 87499
If well produces oil or liquids, give location of tanks. Central	Unit K
Sec. 2	Twp. 23N
Rge. 10W	Is gas actually connected? Yes
	When 6-13-85

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 (Signature)
 Geologist (Title)
 1-29-86 (Date)

OIL CONSERVATION DIVISION

APPROVED 
 BY _____
 TITLE SUPERVISOR DISTRICT #3

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 deviation
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 multiply
completed wells.