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<b>ENERGY</b>	AND N	MINI	ERALS	DEPARTMENT

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## OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE

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Form C-104

AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Dugan Production Corp. P.O. Box 208 Farmington, NM 87499 Reason(s) for liling (Check proper box) Other (Please expiain) Change in Transporter of: Recompletion 011 Dry Gas Change in Ownership Effective December 11, 1987 Casinghead Gas Condensate If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Well No. | Pool Name, Including Formation Legse No. State, Federal or Fee State Wit's End 3 South Bisti Gallup LH 1896 Location 1500 Feet From The South Line and 1980 West 23N Line of Section Township 10W Range NMPM, San Juan County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Andress (Give address to which approved copy of this form is to be sent)

Conoco, Inc. P.O. Box 1429 Bloomfield, NM 87413 Name of Authorized Transporter of Casinghead Gas 🟋 or Dry Gas Address (Give address to which approved copy of this form is to be sent) (no change) Dugan Production Corp P.O. Box 208 Farmington, NM 87499 Unit Twp. Rge. Is gas actually connected? If well produces all or liquids, K give location of tanks. 23N · 10W Yes 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 tegulations 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.

Selana Farle
(Signature)
Production Report Supervisor
(Tule)
12-9-87
(Date)

## OIL CONSERVATION DIVISION

APPROVED_	/	19
BY Stylens	W Jane /	
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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 MULE 111.

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

Fill out only Sections I. II. III, and VI for changes of owner. il 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.