NERGY AND MINERALS DEPARTMENT DISTRIBUTION SANTA PE FILE U.1.G.A. LANG OFFICE

STATE OF NEW MEXICO

1 EPNG

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501



Form C-104

TRANSPORTER GAS		REQUEST FOR	RALLOWAS	SL.E	NOV 15 1985	
QPERATOR .					- All Tills	
PROBATION OFFICE	ALITHODIZ	ATION TO TRANSP	PORT OIL A	ND NATU	RAL CON.	The second secon
•			0.11 0.12 /		RALOH CON. DIV	
Operator						
DUGAN PRODUCTION CORP) <u> </u>		···	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
Address	hus 0740	^				,
P O Box 208, Farmingt		9				
Reason(s) for liling (Check proper bo			١٥	ther (Please	e explain)	
Mem Mell	Change in Ti	ransporter of:			The state of the s	
Recompletion	ou		y Gas		to be Connected Effect	rive
Change in Ownership	X Casingh	ead Gas Ca	andensate	-	5-85	
						en la companya de la companya della companya della companya de la companya della
change of ownership give name nd address of previous owner						
na address of previous owner					and the second s	and the second second
I. DESCRIPTION OF WELL AL	ND LEASE	·				
Lease Name	Well No. Po	ool Name, including F			Kind of Lease	NM-LG-3590
Lindrith	[1]	Gavilan-Manc	os	_	State, Federal or FeState	NM-EG-3336
Location			1.6		Foot 1	
0 790) Feet From 1	South Lin	.e and	50	Feet From The	
Unit Letter:					Die Armika	
Line of Section 36	ownship 25N	Range 2	. W	, NMPM	, Rio Arriba	County
Cine of oction	<u> </u>					
II. DESIGNATION OF TRANS	SPORTER OF OU	. AND NATURAI	GAS		·	-
Name of Authorized Transporter of O	II XX or Conc	ensqte	Andress (G	ve address	to which approved copy of this form	is to be sent)
Ciniza Pipeline Inc.	(NO CHANGE)		Ì		• * * * * * * * * * * * * * * * * * * *	
Name of Authorized Transporter of C		or Dry Gas	Address (C.	ve address	to which approved copy of this form	is to be sent)
El Paso Natural Gas			P O Bo	x 4990,	Farmington, NM 87499)
	Unit Sec.	Twp. Rqe	Is gas actu			
If well produces oil or liquids, give location of tanks.	0 36	25N 2W	Will he	Connec	ted on! 11-15-85	
this production is commingled w	vith that from any	other lesse or pool,	give commit	ngling orde	r number:	
NOTE: Complete Parts IV and	V on reverse sid	e if necessary.	•			
TOTE. Compress Turn IV and	, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	11		•	
T CERTIFICATE OF COMBINANCE			OIL CONSERVATION DIVISION			

7. CERTIFICATE OF COMPLIANCE

hereby certify that the rules and regulations of the Oil Conservation Division have een complied with and that the information given is true and complete to the best of 1y knowledge 2nd belief.

4	in 1	
Jim L. Jacobs Geologist	(Signature)	
	(Title)	
11-14-85		

(Date)

APPROVED		190E
87	Frank	MM 113, 1303
		SUPERVISOR DISTRICT # 1
TITLE		

This form is to be filed in compliance with MULE 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 AULE 111.

All sections of this form must be filled out completely for silowable 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.