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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

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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	Effective 10-1-85 RECEIVED SEP 18 1985 OIL CON. DIV. DIST. 3

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name MF	Well No. 1	Pool Name, Including Formation Bisti Lower Gallup	Kind of Lease State, Federal or Fee Fed.	Lease No. NM-16760
Location Unit Letter L ; 1820 Feet From The South Line and 690 Feet From The West Line of Section 18 Township 24N Range 9W, NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

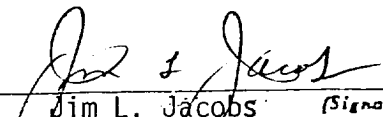
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Refining Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 256, Farmington, NM 87499					
Name of Authorized Transporter of Casinghead Gas <input 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)					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 18	Twp. 24N	Rge. 9W	Is gas actually connected? Yes	When 8-12-85

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)
9-16-85 (Date)

OIL CONSERVATION DIVISION

APPROVED _____
BY _____
TITLE _____
SEP 18 1985
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 deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.