

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENTForm C-104
Revised 10-01-78
Format 06-01-83
Page 1OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501RECEIVED
JAN 30 1986
OIL CON. DIV.
DIST. 3REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

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"/> Casinghead 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 Gold Medal	Well No. 1	Pool Name, including Formation South Bisti-Gallup*	Kind of Lease State, Federal or Federal	Lease No. NM 22044
Location				
Unit Letter <u>H</u> : <u>1750</u> Feet From The <u>North</u> Line and <u>830</u> Feet From The <u>East</u>				
Line of Section <u>34</u> Township <u>24N</u> Range <u>10W</u> , NMPM, <u>San Juan</u> 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.	Unit H	Sec. 34
	Twp. 24N	Rge. 10W
Is gas actually connected?	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
1-29-86 (Date)

OIL CONSERVATION DIVISION

APPROVED Frank J. Davis JAN 30 1986
BY Frank J. Davis
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 allowable 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.