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Form C-104 Revised 10-01-78

STATE OF NEW MEXICO ENERGY MO MINERALS DEPARTMENT

DISTRIBUTI	Г		
SANTA FE			
FILE			
V.1.0.4.			
LAND OFFICE			
TRANSPORTER	DIL		
	GAS		
OPERATOR			
PROBATION OFFICE			

1 File 1 Giant

OIL CONSERVATION DI P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

TRANSPORTER GAS GPERATOR PROGRATION OFFICE	AUTHO	REQ RIZATION T		ND			L CON. 1 s DIST. 9	J. V.	
Operation DUGAN PRODUCTION CO	RP.				7				
P O Box 208, Farmington	, NM 8	7499			(`	
Reason(s) for liling (Check proper box)	· · · · · · · · · · · · · · · · · · ·				Other (Pleas	se explain)			
New Well	Change 1	n Transporter	oí:				•		-
Recompletion	X 011		D	y Gas					
Change in Ownership	Cas	ingh ead Gas	c	ondensate					
If change of ownership give name and address of previous owner									
II. DESCRIPTION OF WELL AND	EASE No.	I Pool Name.	Including F	ormation	·	Kind of	Legse		Lease No.
Tapacitos	4	Well No. Pool Name, Including Formation 4 Gavilan Mancos		į	ederal or Fee	Federal	NM 7993		
Location		Gavila						T Caci ai	11111 1333
Unit Letter O : 1100		om The SOL	uth Lin		00	_	rom The <u>Ea</u>	st	
Line of Section 36 Towns	11p 26	N	Range	2W	, NMPI	м, Г	<u>Rio Arriba</u>		County
III. DESIGNATION OF TRANSPOR	TER OF			_GAS				· ··· ,-···	
Name of Authorized Transporter of Oil	or C	andensate)	Address	(Give address	to which o	approved copy of	tis form is to) be sent)
Giant Refining, Inc.							<u>ngton, NM</u>		
Name of Authorized Transporter of Casing	head Gas [or Dry G	as [Address	(Give address	to myrcy c	approved copy of I	tis form is to	i de tentj
If well produces oil or liquids, Ur	sit Sec	Twp.	Rae.	is gas ac	tually connec	ted?	When		
) ¦ :	36 ¦ 26N	; 2W	No			waiting or	pipelin	<u>e connecti</u>
If this production is commingled with t	hat from a	ny other leas	e or pool,	give comm	ningling orde	er number:			
NOTE: Complete Parts IV and V o	n reverse .	side if necess	sary.						
VI. CERTIFICATE OF COMPLIANCE	F				OIL C	CONSER	VATION DIV	ISION	
							_		1006
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.		APPROVED APR 3.0							
		Original Signed by FRANK T. CHAVEZ							
my knowledge and denet.			SUPERVISOR DISTRICT # 3						

Jan 1 Jank	
/Jim L. Jacobs / (Signature)	
Geologist	
(Title)	
4-29-86	

(Date)

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 AULE 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 flied for each pool in multiply completed wells.