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**OIL CON. DIV
DIST. 3****STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT**

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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 5820 Farmington, NM 87499

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) Effective 8-23, 1988
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

If change of ownership give name
and address of previous owner _____**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>Western Federal</u>	Well No. <u>2</u>	Pool Name, Including Formation <u>Gallegos Gallup</u>	Kind of Lease State, Federal or Fee <u>Fed</u>	Lease No. <u>SF-078897</u>
Location Unit Letter <u>J</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>7</u> Township <u>26N</u> Range <u>11W</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"/> <u>Conoco, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1429, Bloomfield, NM 87413</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>El Paso Natural Gas Co. (no change)</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 990, Farmington, NM 87499</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rgs. <u>J 7 26N 11W</u>
Is gas actually connected? When	

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.

Bud Crane (Signature)
Production Superintendent
(Title)

8-23-88

(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 23 1988

BY [Signature]

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 allow-
able 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.