## STATE OF NEW MEXICO ENERGY NO MINERALS DEPARTMENT

(Date)

| DISTRIBUTION     |     |   | T |
|------------------|-----|---|---|
| SAMEA PE         |     |   |   |
| FILE             |     |   |   |
| U.1.0.4.         |     |   |   |
| LANG OFFICE      |     |   |   |
| TRANSPORTER      | OIL |   |   |
|                  | BAD | I |   |
| OPERATOR         |     |   |   |
| PROBATION 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 額緣

|       |   |     | is.  | 12 |    |     | ALL CALLS OF THE STATE OF THE S |
|-------|---|-----|------|----|----|-----|--|
|       | 1 | è e | \$23 | 14 | 20 | 320 | 400  |
| 1 1 2 |   |     |      | •  |    |     | 2  |

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

| Otheraras                                     |                  |  |   |                        |  |                |             |  |
|---|------------------|--|---|------------------------|--|----------------|-------------|--|
| DUGAN PRODUCTION CORP.                        |                  |  |   | OIL CON, DIV.          |  |                |             |  |
| Address                                       |                  |  |   | \ DIST. 3              |  |                |             |  |
| P.O. Box 5820, Farmin                         | gton, NM         | 87499-582                                      | 0                                       |                        | · -  | 1911 9         |             |  |
| Resson(s) for liling (Check proper box)       |                  |  |   | Other (Pleas           | e explain)   |                | -           |  |
| New Well                                      |                  | Change in Transporter of:                      |   | Well                   | Well previously named Knauff #1R.                  |                |             |  |
| Recompletion                                  |                  | ١  | <b>≕</b> , `                            | Renaming it Knauff #2. |  |                |             |  |
| Change in Ownership                           | Casingh          | read Gas                                       | Condensate                              |                        | tive 12-1-88.                                      |                |             |  |
| If change of ownership give name              |                  |  |   |                        |  |                |             |  |
| and address of previous owner                 |                  |  | <del></del>                             |                        |  |                | <del></del> |  |
| H DESCRIPTION OF WELL AND                     | TEASE            |  |   |                        |  |                |             |  |
| II. DESCRIPTION OF WELL AND                   | Well No. Pr      | ool Name, Includ                               | ing Formation                           |                        | Kind of Lease                                      |                | Ledse No.   |  |
| Knauff  | 2                |  |   |                        | State, Federal or Fee                              | Federal        | NM0764      |  |
| Location                                      |                  |  | <del></del>                             |                        | <u> </u>   |                | ~J          |  |
| Unit Letter C 1190                            | Feet From 1      | North  | I the god                               | 850                    | Feet From TheW                                     | lest           |             |  |
| ·   |                  | •        | _ = = = = = = = = = = = = = = = = = = = |                        |  |                |             |  |
| Line of Section 31 Towns                      | hip 28N          | Range  | 1 OW                                    | , NMPM                 | , San Juan   |                | County      |  |
|   |                  |  |   |                        |  |                |             |  |
| III. DESIGNATION OF TRANSPO                   |                  |  | RAL GAS                                 |                        |  |                |             |  |
| Name of Authorized Transporter of OII         | ] or Cond        | iensate 🗌                                      | Address                                 | (Give address          | to which approved copy of                          | this form is t | a be sent)  |  |
|   | ·                | ·  |   |                        |  | <del></del>    |             |  |
| Name of Authorized Transporter of Casing      |                  |  | 1 "                                     | •                      | o which approved copy of                           | · ·            |             |  |
| Sunterra Gas Gathering                        | <del> </del>     |  |   |                        |  | INIVI 87       | 25-6400     |  |
| If well produces all ar liquids,              | inst Sec.        | Twp. Rq  | i. Isqus a                              | ctually cannect        | ed? When   |                |             |  |
| give location of tanks.                       |                  | <u>i : : : : : : : : : : : : : : : : : : :</u> | !                                       |                        | <u> </u>   |                |             |  |
| If this production is commingled with         | that from any o  | other lesse or p                               | ool, give com                           | mingling order         | number:  |                |             |  |
| NOTE: Complete Parts IV and V o               | on reverse side  | e if necessary.                                |   |                        |  |                |             |  |
| ,   |                  |  | 11                                      |                        |  | •              |             |  |
| VI. CERTIFICATE OF COMPILANO                  | Œ                |  |   | OIL C                  | ONSERVATION DIV                                    | ISION          | A 0 1000    |  |
| hereby certify that the rules and regulations | of the Oil Conse | rvarian Division                               | 12VE   A B B B                          | OVED <u>*****</u>      |  | DEC            | i o 8 1988  |  |
| peen complied with and that the information   |                  |  | st of                                   | £ 10.                  |  | <del></del>    | 1           |  |
| ny knowledge and belief.                      |                  |  | 8Y                                      |                        | et ignored from the first property                 |                |             |  |
|   |                  |  | _,_, .                                  | _                      | ત્રેપદેવામાં કે                                    | r district 🖫   | 3           |  |
|   |                  |  | TITL                                    | <del>-</del>           |  |                |             |  |
| $\langle i \rangle$                           | 1                |  | T                                       | his form is to         | be filed in compliance                             | with RULE      | 1104.       |  |
| Jim L. Jacobs Signatur                        | -1               |  |   |                        | set for allowable for a                            |                |             |  |
| Geologist                                     | '/               |  |   |                        | . be accompanied by a t<br>well in accordance with |                |             |  |
| 12-7-88 (Title)                               |                  |  | 11                                      |                        | this form must be filled                           |                |             |  |
| 12 / 00 (11114)                               |                  |  | able o                                  | n new and rec          | completed wells.                                   | •              | -           |  |

completed wells.