

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
REGISTRATION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2083
SANTA FE, NEW MEXICO 87501

RECEIVED

MAY 31 1985

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OIL CON. DIV.
DIST. 3

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	Change in Transporter of:	<input type="checkbox"/> Dry Gas	Effective June 1, 1985
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Coalinghead Gas		

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gallegos	Well No. 1	Pool Name, Including Formation Simpson Gallup	Kind of Lease State, Federal or Fed. Fed.	Lease No. SF079106
Location Unit Letter <u>I</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u>				
Line of Section <u>21</u> Township <u>28N</u> Range <u>12W</u> , 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"/> Mancos Corp.	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 Coalinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co. (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 I	Sec. 21	Twp. 28N	Rge. 12W
Is gas actually connected? _____ When _____				

If this production is commingled with that from any other lease or pool, give commingling order numbers: _____

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)
May 29, 1985 (Date)

OIL CONSERVATION DIVISION
MAY 31 1985
APPROVED _____
BY Frank J. [Signature]
SUPERVISOR DISTRICT # _____

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 deviated 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 conditions.
Separate Forms C-104 must be filed for each pool in multiple completed wells.