

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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SANTA FE	
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U.S.D.A.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL
	<input type="checkbox"/> GAS
OPERATOR	
PRODUCTION OFFICE	

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASForm C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1RECEIVED  
DEC 09 1987  
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)  
☐ New Well  
☐ Recompletion  
☐ Change in Ownership  
 Change in Transporter of:  
☒ Oil  
☐ Casinghead Gas  
☐ Dry Gas  
☐ Condensate  
 Other (Please explain)  
 Effective December 11, 1987  
 If change of ownership give name and address of previous owner \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Gallegos</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Simpson Gallup</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>SF079106</u>
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, <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) _____
If well produces oil or liquids, give location of tanks. Unit <u>I</u> Sec. <u>21</u> Twp. <u>28N</u> Rge. <u>12W</u>	Is gas actually connected? <u>When</u>

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.

Shanna Farley  
(Signature)  
Production Report Supervisor

(Title)

12-9-87

(Date)

## OIL CONSERVATION DIVISION

APPROVED DEC 11 1987, 19 \_\_\_\_\_BY Shanna FarleyTITLE CONOCO

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.