STATE OF NEW MEXICO	
FERGY NO MINERALS DEPARTMENT	
**. ** terres sectores	Form C-104 Revised 10-01-78
OIL CONSER	VATION DIVISION
	BOX 2088
	EW MEXICO 87501
AND OFFICE	
RAMEPONTER DIL	
REQUEST	FOR ALLOWABLE
AUTHORIZATION TO TRA	AND NSPORT OIL AND NATURAL GAS
DUCAN DEODUCTION CODE	
DUGAN PRODUCTION CORP.	
P.O. Box 5820, Farmington, NM 87499-5820	·
reson(s) for filling (Check proper box)	Other (Please explain)
New Well Change in Transporter of:	Creation of Basin-Fruitland Coal Gas Pool
Recompletion	Per NMOCD Order No. R-8768
Change in Ownership Casinghead Gas	Condensate Effective 11-1-88
hange of ownership give name  address of previous owner	YEAR FRE PC.
	1)
DESCRIPTION OF WELL AND LEASE	
well No. Pool Name, including	
et Inc.   6   Basin-Fruitla	
_	1950
Unit Letter Feet From The	Ine and 1850 Feet From The West
Line of Section 36 Township 28N Range	15W NMPM San Juan County
Mande	1311 , NMPM, Sall Judii County
DESIGNATION OF TRANSPORTER OF OIL AND NATURA	AT GAS
ne of Authorized Transporter of Off or Condensate	Additions (Give address to which approved copy of this form is to be sent)
ne of Authorized Transparter of Castinghead Gas . or Dry Gas 🔼	Address (Give address to which approved copy of this form is to be sent)
gan Production Corp.	P.O. Box 5820, Farmington, NM 87499-5820
ell produces all ar liquids, Unit Sec. Twp. Rqs.	Is gas actually connected? When
location of tanks,	Yes ! 8-29-73
is production is commingled with that from any other lease or pool	, give commingling order numbers
TE: Complete Parts IV and V on reverse side if necessary.	
CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
ha comification should not be contained and the	Tropies in
by certify that the rules and regulations of the Oil Conservation Division have complied with and that the information given is true and complete to the best of	APPROVED
owledge and belief.	BY_
$A \longrightarrow \gamma$	TITLE FACT #3
	This form is to be filed in compliance with RULE 1104.
Mar L Julian	If this is a request for allowable for a newly drilled or despend
VL. Jacobs / / Signature) ologist	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 allow-
-30-88 (Tille)	able on new and recompleted wells.
(Date)	Fill out only Sections I. II. III, and VI for changes of owner,
12-14/	well name or number, or transportator other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply