STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION		1	1
SANTA PE		1	
FILE			
u.s.a.s.			
LANG OFFICE		1	
TRANSPORTER	OIL	1	
	GAS		
PERATOR		1	
PRORATION OFFICE			

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Pevised 10-01-78 Format 06-01-83 Page 1

OPERATOR	REQUEST FOR ALLOWABLE		
	PORT OIL AND NATURAL GAD EGEIVEN		
Dugan Production Corp.	OCT 0.3 1984		
P.O. Box 208, Farmington, NM 87499	O" CON. DIV.		
	Other (Please explain) Office (Please explain		
If change of ownership give name and address of previous owner			
II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, including F			
Pittam Pond 3 Cha Cha Gallup	Cadae 140.		
Unit Letter B : 500 Feet From The North Lin	e and 2000 Feet From The East		
Line of Section 11 Township 29N Range	15W , NMPM, San Juan County		
ML DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name at Authorized Transporter of Cil XX or Condensate Giant Refining Inc. Name of Authorized Transporter of Casinghed Gas X or Dry Gas Libra Energies Inc. If well produces off or liquids, Junit Sec. Twp. Rgs. qive location of tanks. B 1 29N 15W	Address (Give address to which approved copy of this form is to be sent) P.O. Box 256, Farmington, NM 87401 Address (Give address to which approved copy of this form is to be sent) 510 First City Bank Tower, Corpus Christi, TX Is gas actually connected? NO		
If this production is commingled with that from any other lease or pool, NOTE: Complete Parts IV and V on reverse side if necessary.	give commingling order number:		
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.	OIL CONSERVATION DIVISION OCT 03 1984 BY		
1 1 minut	TITLE This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened		
(Signature) Agent	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
(Title) 10-2-84	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.		
(Date)	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.		