(Date)

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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SANTA FE		\top	
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U.1.G.4.			_
LAND OFFICE			
TRANSPORTER	OIL		
	G AS		
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

BECEIAED

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.

I.	AUTHORIZATION TO TRANS	PORT OIL AND NATU	Allo IJ	84	
DUGAN PRODUCTION CORP.		OIL CON. DIV			
P O Box 208, Farmingto	n, NM 87499		; DIST.		
Reason(s) for filing (Check proper box) New Well Recompletion XX Change in Ownership	7	Chand	ge of Ownership & ge of Well Name tive 4-19-84		
If change of ownership give name Fai	rmount Oil Company,	Inc., 3004 Fairn	nount St., Dallas,	TX 75201	
II. DESCRIPTION OF WELL AND LE Legae Name Fairmont *	ASE Well No. Pool Name, Including F Meadows Gall		Kind of Lease State, Federal or Fee	Fee Nor	ne
Unit Letter B : 510	Feet From The North Lin	1650	Feet From TheEast	<u> </u>	
Line of Section 10 Township	29N Range	15W , NMPM	. San Juan		County
III. DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL			·	
Name of Authorized Transporter of OII	or Condensate	Address (Give address	o which approved copy of this	form is to be ser	nt)
Name of Authorized Transporter of Casinghe	ad Gas or Dry Gas	Address (Cive address	to which approved copy of this	form is to be set	nt)
If well produces oil or liquids, qive location of tanks.	Sec. Twp. Rgs.	is gas actually connect	ed? When		
If this production is commingled with the	t 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		OIL C	ONSERVATION DIVISION DIVISIONI DIVISIO		
been complied with and that the information given is true and complete to the best of my knowledge and belief.		}	ginal Signed by FRANK T, CH		
* Formerly known as Hickman #1		TITLE SUPERVISOR DISTRICT # 3			
Jim L. Jacobs (Fignature) Geologist 8-10-84		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.			