STAT	E OF	NEW	MEXICO	
ENERGY AND	MIN	ERALS	DEPART	MENT

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LAND OFFICE			
TRANSPORTER	OIL		
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PAGRATION OFFICE			

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

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REQUEST FOR ALLOWABLE
AND
HTHOOLEATION TO TRANSPORT OF AND NAT

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS OIL CON. DIV. Operator Dugan Production Corp. Address P.O. Box 208, Farmington, NM Other (Please explain) Recson(s) for liling (Check proper box) Change in Transporter of: Effective June 1, 1985 X OIL Dry Gan Recompletion Condensate Casinghead Gas Change in Ownership If change of ownership give name and address of previous owner_ II. DESCRIPTION OF WELL AND LEASE Leose No. Kind of Lease Well No. Pool Name, Including Fermation State, Federal or Fee Fee Meadows Gallup Location West Unit Letter County San Juan 15W 30N NMPM 34 Township Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Adc: 018 (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of CII X P.O. Box 1320, Farmington, NM Mancos Corp. Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Cosinghead Cos ct Dry Gas Is gas actually connected? Twp. Rge. Unit If well produces oil or liquids, 30N : 15W give location of tanks. N 34 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.

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In 1 Land	
JAIN L. Jacobs (Signature)	
Geologist	
(Title)	
May 29, 1985	
(Date)	

OIL CONSERVATION DIVISIONS

APPROVED

BY

SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with KULE 1104.

If this is a request for allowable for a newly drilled or despendent, this form must be accompanied by a tribulation of the deviation taken on the well in accordance with MULE 111.

All sections of this form must be filled out completely for ellorble on new and recompleted wells.

FIII 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 multip completed wells.