

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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SANTA FE	
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U.S.M.S.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
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  
MAR 28 1988  
OIL CON. DIV.  
DIST. 3

I.

Operator <b>DUGAN PRODUCTION CORP.</b>	
Address <b>P.O. Box 208, Farmington, NM 87499</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate
Change in Transporter(s) Effective 4-1-88	

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Monte Carlo</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Basin Dakota</b>	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter <b>K</b>	<b>1450</b>	Feet From The <b>South</b>	<b>1450</b>	Feet From The <b>West</b>	
Line of Section <b>7</b>	Township <b>30N</b>	Range <b>14W</b>	San Juan County		

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Conoco (No Change)</b>	<b>P O Box 1429, Bloomfield, NM 87413</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Dugan Production Corp.</b>	<b>P.O. Box 208, Farmington, NM 87499</b>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <b>K</b> Sec. <b>7</b> Twp. <b>30N</b> Rge. <b>14W</b>	<b>Yes</b> <b>5-15-85</b>

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.

*Bud Crane*  
 Bud Crane (Signature)  
 Production Superintendent

3-25-88

(Title)

(Date)

## OIL CONSERVATION DIVISION

MAR 28 1988

APPROVED

BY

TITLE

SUPERVISOR DISTRICT 3

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 allow-  
able 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.