

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PROMOTION 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

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MAY 12 1988

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASOIL CON. DIV.
DIST. 3

I.

Operator DUGAN PRODUCTION CORP.	
Address P. O. Box 208, Farmington, NM 87499	
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
Effective 5-10-88	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hurt	Well No. 4	Pool Name, Including Formation Tapacito PC	Kind of Lease State, Federal or Fee Federal	Lease No. SF-080539
Location Unit Letter <u>J</u> ; <u>1850</u> Feet From The <u>South</u> Line and <u>1850</u> Feet From The <u>East</u> Line of Section <u>14</u> Township <u>25N</u> Range <u>3W</u> , NMPM, <u>Rio Arriba</u> County <u>A</u>				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
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)
Dugan Production Corp.	P. O. Box 208, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.
	Is gas actually connected? When
	Yes 5-10-88

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 (Signature)
Production Superintendent

5-11-88

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

TITLE

SUPERVISOR DISTRICT # 3

JUN 12 1988

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.