

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENTForm C-104  
Revised 10-01-78  
Format 06-01-83  
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## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

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"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate
Gas Connected 8-19-87	

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

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Hurt</b>	Well No. <b>5</b>	Pool Name, including Formation <b>West Lindrith Gallup/Dakota</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>SF-080539A</b>
Location <b>Ext.</b>				
Unit Letter <b>M</b> : <b>990</b> Feet From The <b>South</b> Line and <b>730</b> Feet From The <b>West</b>				
Line of Section <b>14</b> Township <b>25N</b> Range <b>3W</b> , NMPM, <b>Rio Arriba</b> County				

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

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Conoco Inc. (No Change)</b>	<b>P O Box 1429, Bloomfield, NM 87413</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>El Paso Natural Gas Company (No Change)</b>	<b>P O Box 4990, Farmington, NM 87499</b>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <b>M</b> Sec. <b>14</b> Twp. <b>25N</b> Rge. <b>3W</b>	<b>Yes</b> <b>8-19-87</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.

*Jim L. Jacobs*  
**Jim L. Jacobs** (Signature)  
**Geologist** (Title)  
**8-20-87** (Date)

OIL CONSERVATION DIVISION **AUG 21 1987**  
 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 allowable 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.