

OIL CONSERVATION DIVISION  
P. O. BOX 2083  
SANTA FE, NEW MEXICO 87501

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LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRODUCTION OFFICE			

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

*R-104*  
JUL 19 1985

I. Operator  
DUGAN PRODUCTION CORP.

Address  
P.O. Box 208, Farmington, NM 87499

Reason(s) for filing (Check proper box)  
 New Well  
 Recompletion  
 Change in Ownership  
 Change in Transporter of:  
 Oil  
 Gashead Gas  
 Dry Gas  
 Condensate  
 Other (Please explain)  
 Effective 7-19-85

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name July Jubilee	Well No. 3	Pool Name, including Formation Bisti Lower Gallup	Kind of Lease State, Federal or Fee Fed.	Lease No. NM24661
Location Well Letter <u>L</u> ; <u>1830</u> Feet From The <u>South</u> Line and <u>880</u> Feet From The <u>West</u> Line of Section <u>29</u> Township <u>24N</u> Range <u>9W</u> , NMPM, <u>San Juan</u> 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"/> The Mancos Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1320, Farmington, NM 87499
Name of Authorized Transporter of Gashead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Dugan Production Corp. (No Change)	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit <u>L</u> Sec. <u>29</u> Twp. <u>24N</u> Rge. <u>9W</u>	Is gas actually connected? <u>Yes</u> When <u>6-13-85</u>

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.

IV. 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.

*John L. Jacobs*  
John L. Jacobs (Signature)  
Geologist (Title)  
7-18-85 (Date)

OIL CONSERVATION DIVISION  
JUL 19 1985  
APPROVED  
BY *Frank J. O'Connell*  
SUPERVISOR DISTRICT 33  
TITLE  
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 multiple completed wells.