ST	ATE OF	NEW	MEXICO	
ENERGY A	wa MiN	ERALS	DEPARTM	ENT

(1-10	T _		
DISTRIBUTION				
BANTA FE	L			
rice				
U.1.0.A.			<u> </u>	
LAND OFFICE				
THAMSPORTER	OIL			
THANSPORTER	GAS	1	<u> </u>	
OPERATOR			1	
DECEMBER OFFICE		T	1	

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

Form C-104 Revised 10-01-78 Format 06-01-83

REQUEST FOR ALLOWABLE

Separate Forms C-104 must be filed for each pool in multi-completed wells.

- I GAB	OIL COM. DIV.
PAGRATION OFFICE AUTHORIZATION TO TRANSPO	
Operator PRODUCTION CORD	
DUGAN PRODUCTION CORP.	
P.O. Box 208, Farmington, NM 87499	
Reason(s) for liling (Check proper box)	Other (Please explain)
New Well Change in Transporter at:	C [[[[]]]] [] [] [] [] [] [
Recompletion Con	Gas Effective 12/5/85
Change in Ownership Casinghead Gas Con	·
If change of ownership give name	
and address of previous owner	
II. DESCRIPTION OF WELL AND LEASE	Kind of Lease . Lease No.
Lease Name	(a e. da) -a E-a - E-a - NMb I I I I I I
Fabulous Feb 1 Bisti Lower G	Ja i rup
D 790 Free From The North Line	1120Feet From The West
Unit Letter D	Can lunn County
Line of Section 31 Township 24N Range	9W NMPM, San Juan County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	GAS
Name of Authorized Transporter of Oil X or Condensate	The state of the s
The Manager Court	1901 Mojave, Farmington, NM 87401 Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Castinghead Gas (X) or Dry Gas	Address (Give address to which approved the
Dugan Production Corp. (No Change)	Is gas actually connected? When
If well produces oil or liquids,	Yes 6-13-85
1. Version of tanks.	1 165
If this production is commingled with that from any other lease or pool,	-
NOTE: Complete Parts IV and V on reverse side if necessary.	
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
	DEC 6 1985.
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.	
	TITLE SUPERVISOR OSTRICT # 3
\cap	This form is to be filed in compliance with MULE 1104.
1 Janas	Il and the second for allowable for a newly drilled or deepe
Jim L. Jacqbs (Signature)	well, this form must be accompanied by a tabulation of the deviations taken on the well in accordance with MULE 111.
Geologist	All sections of this form must be filled out completely for all
(Title)	able on new and recompleted wells.
12/5/85 (Pase)	If well name or number, or transporter, or other seem of the
[\(\nu \) = /	Il and the second in multi-