

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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| TRANSPORTER | <input type="checkbox"/> OIL <input type="checkbox"/> GAS |
| OPERATOR | |
| 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 05-01-83
Page 1RECEIVED
DEC 09 1987
OIL CON. DIV.
DIST. 3

I. Operator
Dugan Production Corp.
Address
P.O. Box 208, Farmington, NM 87499
Reason(s) for filing (Check proper box)
☐ New Well ☐ Change in Transporter of:
☐ Recompletion ☐ Oil ☐ Dry Gas
☐ Change in Ownership ☐ Casinghead Gas ☒ Condensate
Other (Please explain)
Effective December 11, 1987

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

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|----------------------|---|---|-----------------------------|
| Lease Name <u>Federal I</u> | Well No. <u>2</u> | Pool Name, including Formation <u>Basin Dakota</u> | Kind of Lease State, Federal or Fee <u>Federal</u> | Lease No. <u>SF07811</u> |
| Location Unit Letter <u>A</u> <u>790</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>East</u> Line of Section <u>1</u> Township <u>29N</u> Range <u>14W</u> <u>NMPM</u> , <u>San Juan</u> 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"/> <u>Conoco, Inc.</u> | Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1429, Bloomfield, NM 87413</u> |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>El Paso Natural Gas Co. (No Change)</u> | 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>A</u> Sec. <u>1</u> Twp. <u>29N</u> Rng. <u>14W</u> Is gas actually connected? <u>When</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.

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.Liliana Farley
(Signature)
Production Report Supervisor

(Title)

12-9-87
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19 _____

BY _____

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.