

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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☐ Casinghead Gas☐ Dry 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	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Turk's Toast	2	Basin Dakota	State, Federal or Fee Federal	NM 19163
Location				
Unit Letter	D	790	Feet From The North	Line and 790
		Feet From The West		
Line of Section	19	Township	30N	Range 14W
		, NMPM,		San Juan
				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"/>	Address (Give address to which approved copy of this form is to be sent)	
Conoco, Inc.	P.O. Box 1429, Bloomfield, NM 87413	
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)	
El Paso Natural Gas Co. (No Change)		
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	D	19
	Twp.	30N
	Rge.	14W
Is gas actually connected?	When	
Yes	11-15-83	

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.

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 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 multiple  
completed wells.