

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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SANTA FE	
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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION 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

RECEIVED  
DEC 09 1987  
OIL CON. DIV.

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 Riviera	Well No. 1	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. NM 19403
Location				
Unit Letter B	1120	Feet From The North	Line and 1850	Feet From The East
Line of Section 18	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.	Is gas actually connected? When
Unit B Sec. 18 Twp. 30N Rge. 14W	Yes 5-15-85

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.

*Selma Farley*  
 (Signature)  
 Production Report Supervisor

(Title)

12-9-87

(Date)

## OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY \_\_\_\_\_

TITLE SUPERVISOR

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.