

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.D.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
INFORMATION OFFICE	

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:	☐ Dry Gas
☐ Recompletion	☒ Oil	☐ Condensate
☐ Change in Ownership	☐ Casinghead Gas	

Other (Please explain) OIL CON. DIV. DIST. 3
Effective 7-19-85

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>April Surprise</u>	Well No. <u>5</u>	Pool Name, Including Formation <u>Undesignated Gallup</u>	Kind of Lease State, Federal or Free <u>Fed.</u>	Lease No. <u>NM 4958</u>
Location				
Unit Letter <u>B</u>	: <u>660</u>	Feet From The <u>North</u>	Line and <u>1830</u>	Feet From The <u>East</u>
Line of Section <u>7</u>	Township <u>23N</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 ☒ or Condensate ☐ <u>The Mancos Corp.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1320, Farmington, NM 87499</u>
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ <u>Dugan Production Corp. (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>B</u> Sec. <u>7</u> Twp. <u>23N</u> Rge. <u>9W</u>
Is gas actually connected?	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.

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.

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

OIL CONSERVATION DIVISION

APPROVED _____ 19 ____
BY Frank J. [Signature]
SUPERVISOR DISTRICT # 3
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 deviated 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.