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ENERGY	ANO N	IINERA	LS DE	PARTN	MENT

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DISTRIBUTION			
SANTA FE			
PILE			
U.1.0.A.			
LAND OFFICE			
TRANSPORTER	OIL		
THARE ON EN	GAB		
OPERATOR			
PAGRATION OFFICE			

## OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Revised 10-01-78 Format 06-01-83 Page 1

Form C-104

SANTA FE, NEW	MEXICO 87501				
LAND OFFICE	//) For.				
TRANSPORTER OIL					
REQUEST FOR	REQUEST FOR ALLOWABLE				
PAGRATION OFFICE	ND JUN 1 -				
AUTHORIZATION TO TRANSP	PORT OIL AND NATURAL GAS JUN 1 71985				
1.	O/L COA1				
Official Dricky DDODICTION CODD	Nav. Doe				
DUGAN PRODUCTION CORP.	0/5/: 3				
Address 07400					
P.O. Box 208, Farmington, NM 87499	Other (Please explain)				
Reason(s) for filing (Check proper box)	Other (Freuse explain)				
New Well Change in Transporter of:	Cffootive date 7 1 95				
	Effective date 7-1-85				
Change in Ownership Casinghead Gas Con	nden at •				
If change of ownership give name and address of previous owner					
znu soutess of pressore and an analysis and an					
II. DESCRIPTION OF WELL AND LEASE					
Lease Name   Well No.   Pool Name, Including to					
Witty 4 Undes. Gallup	State, Federal or Fee Federal NM 1676				
Location	1000				
C 660 North	e and Feet From The				
Unit Letter;					
ting of Section 12 Township 23N Range	10W , NMPM, San Juan Count				
Line of Section 12 Township 2011 Adapt					
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	GAS				
Name of Authorized Transporter of CII \( \overline{\text{M}} \) or Condensate \( \overline{\text{N}} \)	Addiess (Give address to which approved copy of this form is to be sent)				
The Mancos Corporation	P.O. Box 1320, Farmington, NM 87499				
Name of Authorized Transporter of Casinghead Gas or Dry Gas	Address (Cive address to which approved copy of this form is to be sent)				
Name of Authorited Homepoint	·				
Unit Sec. Twp. Rge.	is gas actually connected? When				
If well produces oil or liquids.	No				
dive location of tental	1				
If this production is commingled with that from any other lease or pool,	give commingling order numbers				
NOTE: Complete Parts IV and V on reverse side if necessary.	n				
AT CERTIFICATE OF COMPILANCE	OIL CONSERVATION DIVISION				
VI. CERTIFICATE OF COMPLIANCE	I. JUN I ATYGO				
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED				
been complied with and that the information given is true and complete to the best of	Tranks! Save				
my knowledge and belief.	BY				
	TITLE SUPERVISOR DISTRICT # 3				
A. 210.					
Marine Theeler	This form is to be filed in compliance with RULE 1104.				
Magne C'nelle	If this is a request for allowable for a newly drilled or deepe				
(Slenatura)	well, this form must be accompanied by a tabulation of the deviat				

Production Report Supervisor (Title)

6-14-85

(Date)

tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allu 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 conditions.

Separate Forms C-104 must be filled for each pool in multij completed wells.