

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

JUL 19 1985

OIL CON. DIV.
DIST. 3

Operator DUGAN PRODUCTION CORP.

Address P.O. Box 208, Farmington, NM 87499

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Costinghead Gas	

Other (Please explain) Effective 7-19-85

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Fairway</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Undesignated Gallup</u>	Kind of Lease State, Federal or Fee <u>Fed.</u>	Lease No. <u>NM 23470</u>
Location				
Unit Letter <u>M</u>	: <u>660</u>	Feet From The <u>South</u>	Line and <u>660</u>	Feet From The <u>West</u>
Line of Section <u>1</u>	Township <u>23N</u>	Range <u>10W</u>	, NMPM, <u>San Juan</u> County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>The Mancos Corp.</u>	<u>P.O. Box 1320, Farmington, NM 87499</u>
Name of Authorized Transporter of Costinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Dugan Production Corp. (No Change)</u>	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>M</u> <u>1</u> <u>23N</u> <u>10W</u> <u>Yes</u> <u>6-13-85</u>

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.

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 _____ 1985
BY Frank J. Carey
TITLE SUPERVISOR DISTRICT 3

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 deviatoric 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 conditions.
Separate Forms C-104 must be filed for each pool in multiple completed wells.