S	TATE	OF	NEW	MEXICO	
YGY	AND	MINI	ERALS	DEPARTME	VĪ

ENERGY MO MINERALS DEPARTMENT		
er terne mitris		
HOI TU BI R TAIG	OIL CONSERV	ATION DIVISIO
SANTA PE		•
PRE .		OX 2088
U.S.G.A.	SANTA FE, NE	W MEXICO 87501
	•	
THAMSPORTER GAS	DEMIEST CO	R ALLOWABLE
OPERATOR		ND
PROBATION OFFICE	AUTHORIZATION TO TRANS	_
<u>I.</u>	MOTIONIZATION TO TRANS	OR FOIL AND NAT
Operator		
DUGAN PRODUCTION COP	R.	
Address		
P.O. Box 208, Farmin	gton, NM 87499	
Resson(s) for liling (Check proper box)		Other (Pleas
New Well	Character Teachers and	Other (Fiea)
1 7	Change in Transporter of:	
Recompletion	$\overline{}$	Effe
Change in Ownership	VY Casinghead Gas C	ondensate
If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LI	EASE	
Lease Name	Well No. Pool Name, Including F	ormation
Blanco Wash	5 White Wash Man	cos Dakota
Location	1 5 juille nasii lian	cos bakota
Unit Letter L : 1550	Feel From The South Lin	1190
Line of Section 1 Townshi	p 24N Range	9W , NMP
III. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL	
,	-	Andress (Give address
Giant Refining Inc. (No	<u>Change)</u>	Box 256, Farm
Name of Authorized Transporter of Casinghi	ead Gas (X) or Dry Gas (Address (Give address
Dugan Production Corp.		P.O. Box 208,
If well produces oil or liquids, Uni	1 Sec. Twp. Ree.	Is gas octually connect
give location of tanks.	: 1 : 24N: 9W	YES
If this production is commingled with the	at from any other lease or pool,	give commingling orde
NOTE: Complete Parts IV and V on	reverse side if necessary.	
VI. CERTIFICATE OF COMPLIANCE	OIL C	
I hereby certify that the rules and regulations of	APPROVED	
been complied with and that the information give my knowledge and belief.	en is twe and complete to the best of	
my anowicoge and ocner.		BY
	į	1 -, -, -
	j	11168

Production Superintendent

3-18-87

(Tule)

(Dese)

Form C-104 **Revised 10-01-78** Format 08-01-83

SPORT OIL AND NATURAL GAS

ATION DIVISION

		Other (Pleas	e expiain)			
=	y Gas	Effec	ctive date	12-1	3-86	
		· · · · · · · · · · · · · · · · · · ·				·
					· · · · · · · · · · · · · · · · · · ·	
ding Formation			Kind of Lease State, Federal o	Na	vaio	Lease No.
Mancos Dakota			State, Federal o	or F⊕⊕ 14	-20-0603	1402
Lin	• and	1190	Feet From Th	•1	west	
•	9W	, NMPN	San Ju	an		County
URAL	GAS					
	And:ess /	Give address	to which approve	d copy of t	his form is to	be sens;
	Box 2	56, Farm	ington. NM	874	199	
<u>כ</u>	Address (Give address	to which approve	copy of t	dis form is to	be sent)
	P.O. 1	3ox 208.	Farmington	. NM	87499	
ю.		lually connect				
9W		YEŞ			12-13-86	
pool.	rive comm	ungling orde	r number:			
		- -				
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SUPERVISOR DISTRICT

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or despens well, this form must be accompanied by a tabulation of the deviatio 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 multipl completed wells.