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STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
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NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
**DUGAN PRODUCTION CORP.**

Address  
**P.O. Box 5820, Farmington, NM 87499-5820**

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	Creation of Basin-Fruitland Coal Gas Pool Per NMOCD Order No. R-8768 & R-8769 Effective 11-1-88
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE

Lessee Name <b>Blanco Wash</b>	Well No. <b>3</b>	Pool Name, including Formation <b>Basin-Fruitland Coal Gas</b>	Kind of Lease State, Federal or Fee <b>Navajo</b>	Lease No. <b>14-20-</b>
Location <b>0603-1406</b>				
Unit Letter <b>L</b> : <b>1630</b> Feet From The <b>South</b> Line and <b>1140</b> Feet From The <b>West</b>				
Line of Section <b>2</b> Township <b>24N</b> Range <b>9W</b> , NMPM, <b>San Juan</b> County				

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
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)
<b>Dugan Production Corp.</b>	<b>P.O. Box 5820, Farmington, NM 87499</b>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
	<b>Yes</b>

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*  
**Jim L. Jacobs** (Signature)  
**Geologist**  
 \_\_\_\_\_  
 (Title)  
**11-22-88**  
 \_\_\_\_\_  
 (Date)

## OIL CONSERVATION DIVISION

APPROVED

BY

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 deviation  
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 multiply  
completed wells.