

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENTForm C-104  
Revised 10-01-78  
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## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

JUL 02 1986  
OIL CON. DIV.  
DIST. 3

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator <b>DUGAN PRODUCTION CORP.</b>	
Address <b>P O Box 208, Farmington, NM 87499</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of Oil Effective 7-1-86
Change in Transporter of: <input checked="" type="checkbox"/> Oil <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

Lease Name <b>June Joy</b>	Well No. <b>2</b>	Pool Name, including Formation <b>Bisti Lower Gallup</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>NM 5991</b>
Location				
Unit Letter <b>B</b>	<b>790</b>	Feet From The <b>North</b>	Line and <b>1670</b>	Feet From The <b>East</b>
Line of Section <b>25</b>	Township <b>24N</b>	Range <b>10W</b>	, NMPM, <b>San Juan</b> 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"/> <b>The Mancos Corp.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1320, Farmington, NM 87499</b>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Dugan Production Corp. (No change)</b>	Address (Give address to which approved copy of this form is to be sent) <b>P O Box 208, Farmington, NM 87499</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>B</b>	Sec. <b>25</b>
	Twp. <b>24N</b>	Rge. <b>10W</b>
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.

  
**F.L. "Bud" Crane** (Signature)  
 Production Superintendent  
 (Title)  
 7-1-86  
 (Date)

## OIL CONSERVATION DIVISION

APPROVED  JUN - 2 1986  
 BY \_\_\_\_\_  
 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 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.