## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

		-
DISTRIBUTION		
SANTA FE	1	
FILE		
U.S.G.A.		Г
LAND OFFICE		
TRAMSPORTER OIL		
9.44		
OPERATOR		
PROBATION OFFICE		

## OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83

				UEC	0 -	// <b>II</b>
TRAMSPORTER CIL					<i>[[ ] ] [ ]</i>	
OPERATOR	REQUEST FOR ALLOWABLE OIL CON 1987  AND  AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS DIST. 3 DIV.					
PROBATION OFFICE		AND			'V. A.	
I.	AUTHORIZATION	N TO TRANSPO	ORT OIL AND NATUR	RAL GAS DIST	2011	
Operator		<del></del>			* 63	<del></del>
Dugan Production Corp.			<del></del>			<del></del>
P.O. Box 208 Farmingt						
Rosson(s) for liling (Check proper box	)		Other (Please	expiain)		
New Well	Change in Transpo	ater of:				
Recompletion	Cil	Ory (	Gas :-		_	
Change in Ownership	Casinghead Go	as XX Cond	densale Effect:	ive December	11,1987	
				· · - · -		
If change of ownership give name				,	,	
and address of previous owner						
II DESCRIPTION OF WELL AN	T) IE ICE					
II. DESCRIPTION OF WELL AN		me, including Form	nation	Kind of Lease	<del></del>	Lease No.
MF		n Dakota		State, Federal or F	Federal	NM 16760
Location			<del></del>			
-			700		<b>Γ+</b>	
Unit Letter P : 790	Feet From The S	outh Line	and790	_ Feet From The _	East	
Line of Section 13 Tox	-natur 24N	Range 10	OW , NMPM,		San Juan	County
III. DESIGNATION OF TRANSI	PORTER OF OIL AND	D NATURAL (	GAS			
Name of Authorized Transporter of Oil	or Condensate	<b></b>	Addiess (Give address to			to be sent)
Conoco, Inc.			P.O. Box 1429	Bloomfield,	NM 87413	
Name of Authorized Transporter of Cas	singhead Gas or Di	ry Gos X	Address (Give address 1	o which approved co	ppy of this form is	to be sens)
Dugan Production Corp.	/No	-h\	P.O. Box 208 Fa	armington. N	IM 87499	
	Unit Sec. Tw		s gas actually connecte			
If well produces oil or liquids, give location of tanks.	•	24N 10W	Yes		7-11-81	
	15 12	-4N 10N				
If this production is commingled wit	th that from any other l	lease or pool, gi	ve commingling order	number:		
NOTE: Complete Parts IV and	ll an annana sida if m					
NOIE: Complete Paris IV and	v on reverse side if ne	ecessary.				
VI. CERTIFICATE OF COMPLIA	NCE	1	OIL CO	ONSERVATION	DIVISION	
I. CLAIDICATE OF COMPLAINCE						
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		APPROVED	<u> </u>	37	, 19	
					·~ .	-
my knowledge and belief.		11	8Y	_ <del></del>		
					<u> </u>	
		11	TITLE	/ 2 52 6	::::::::::::::::::::::::::::::::::::::	
$-\rho_{\Lambda}$	De les		This form is to	be filed in compl	liance with sut	£ 1104.
Xaluma -	to Von	- 11				

Seanne Farley
(Signature)
Production Report Supervisor
(Title)
12-9-87
(Date)

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 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 condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.