5-NMOCD, Aztec 1-Mancos 1-File	
STATE OF NEW MEXICO	•
ENERGY AND MINERALS DEPARTMENT	Form C-104
-0, 00 (00/10 TECEIVED	Revised 10-01-78 Format 06-01-83
I SANTA PE I I I	ATION DIVISION A C S A Page 1
P. O. BO	X 2088
U.S.O.S. SANTA FE, NEV	MEXICO 87501 DEC
LAND OFFICE	R ALLOWABLE OIL CON. DIV.
REQUEST FOR	R ALLOWABLE COAT
PROBATION OFFICE	DICT, DIV
AUTHORIZATION TO TRANSF	PORT OIL AND NATURAL GAS DIST. 3
Operator	
DUGAN PRODUCTION CORP.	
Address	
P.O. Box 208, Farmington, NM 87499	
Reason(s) for tiling (Check proper box)	Other (Please explain)
New Well Change in Transporter of:	
	Effective 12/5/85
Change in Ownership Casinghead Gas Co	onden sate
If change of ownership give name	
and address of previous owner	
II. DESCRIPTION OF WELL AND LEASE	
Lease Name Well No. Pool Name, Including F	
July Jubilee <u>1 Basin Dakot</u> a	State, Federal or Fee Fed. NM-246
Location	
Unit Letter - G : 1650 Feet From The North Lin	• and 1520 Feet From The East
٠	• .
Line of Section 30 Township 24N Range	9W , NMPM, San Juan Cou
THE PERSONAL PROPERTY OF ALL AND MARKED AT	CAS
MI. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Oil or Condensate	Addioss (Cive address to which approved copy of this form is to be sent)
	1901 Mojave, Farmington, NM 87401
Name of Authorized Transporter of Casinghead Gas (C) or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
Dugan Production Corp. (No Change)	
If well produces oil or liquids, Unit Sec. Twp. Rgs.	Is gas actually connected? When
give location of tanks. 1. A 13 24N 10W	Yes ! 12/11/81
If this production is commingled with that from any other lease or pool,	······································
	·······································
NOTE: Complete Parts IV and V on reverse side if necessary.	11
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
	→ DEC -48 1985
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 19
my knowledge and belief.	BY
	SUPERVISOR DISTRICT # 3
\cap	TITLE GOLERYSON DISTRIBUTING
XIPVIII.	This form is to be filed in compliance with MULE 1104.
Dim L. Jacobs (Signarure)	If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the devi
Geologist	tests taken on the well in accordance with RULE 111.
· ·	· · · · · · · · · · · · · · · · · · ·

(Title)

(Date)

12/5/85

All sections of this form must be filled out completely for all able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of conditi

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