

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	GAS
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OIL CONSERVATION DIVISION

P. O. BOX 208
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-01-78
Format 06-01-83
Page 1REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Dugan Production Corp.

Address P.O. Box 208, Farmington, NM 87499

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain) Gas hooked up. 6-13-85

JUL 05 1985

If change of ownership give name
and address of previous owner _____**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>April Surprise</u>	Well No. <u>4</u>	Pool Name, Including Formation <u>Bisti Lower Gallup</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM 4958</u>
Location				
Unit Letter <u>L</u> ; <u>1710</u> Feet From The <u>South</u> Line and <u>830</u> Feet From The <u>West</u>				
Line of Section <u>19</u> Township <u>24N</u> Range <u>9W</u> , NMPM, <u>San Juan</u> 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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Giant Refining, Inc. (No change)</u>	<u>P.O. Box 256, Farmington, NM 87401</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Dugan Production Corp.</u>	<u>P.O. Box 208, Farmington, NM 87499</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
<u>L</u> <u>19</u> <u>24N</u> <u>9W</u>	<u>Yes</u> <u>6-13-85</u>

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 (Signature)
Geologist (Title)

7-3-85

(Date)

OIL CONSERVATION DIVISION

APPROVED Frank J. Dugan 1985, 19

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 deviated 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.