

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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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 GASForm C-104
Revised 10-01-78
Format 08-01-83
Page 1

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DEC 09 1987
OIL CON. DIV.
DIST. 3

I.

Operator

Dugan Production Corp.

Address

P.O. Box 208 Farmington, NM 87499

Reason(s) for filing (Check proper box)

☐ New Well☐ Recompletion☐ Change in Ownership

Change in Transporter of:

☒ Oil☐ Casinghead Gas☐ Dry Gas☐ Condensate

Other (Please explain)

Effective December 11, 1987

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Fabulous Feb	Well No. 1	Pool Name, including Formation Bisti Lower Gallup	Kind of Lease State, Federal or Fee Federal	Lease No. NM 51000
Location				
Unit Letter D	790	Feet From The North	Line and 1120	Feet From The West
Line of Section 31	Township 24N	Range 9W	, NMPM, San Juan 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)					
Conoco, Inc.	P.O. Box 1429 Bloomfield, NM 87413					
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)					
Dugan Production Corp. (no change)	P.O. Box 208 Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 31	Twp. 24B	Rge. 9W	Is gas actually connected? Yes	When 6-13-85

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.

Liliana Farley
(Signature)

Production Report Supervisor

(Title)

12-9-87

(Date)

OIL CONSERVATION DIVISION

DEC 09 1987

APPROVED _____, 19 _____

BY _____

TITLE SUPERVISION DISTRICT # 8

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 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.