

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

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	<input type="checkbox"/> 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

If change of ownership give name and address of previous owner

JUL 01 1985
OIL CON. DIV.
DIST. 3**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Gold Medal	Well No. 1	Pool Name, including Formation Undesignated Gallup	Kind of Lease State, Federal or Fee Fed.	Lease No. NM22044
Location				
Unit Letter <u>H</u> : <u>1750</u> Feet From The <u>North</u> Line and <u>830</u> Feet From The <u>East</u>				
Line of Section <u>34</u> Township <u>24N</u> Range <u>10W</u> , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

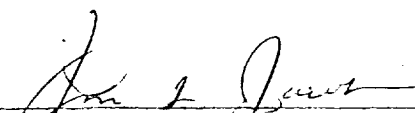
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Refining, Inc. (No Change)	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Dugan Production Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 208, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Is gas actually connected?
Unit <u>H</u> Sec. <u>34</u> Twp. <u>24N</u> Rge. <u>10W</u>	Yes <u>6-13-85</u>

If this production is commingled with that from any other lease or pool, give commingling order numbers:

NOTE: Complete Parts IV and V on reverse side if necessary.

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

6-28-85

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED

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 multiple completed wells.