STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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SANTA FE		
FILE		
V.8.0.4,	Г	
LAND OFFICE		
TRANSPORTER OIL		
0.44		
OPERATOR		
PRORATION OFFICE		

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

Revised 10-01-78 OIL LOW &

REQUEST FOR ALLOWARIES

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

OPERATOR		ND	Dier Di	D 1	
PRORATION OFFICE	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS DIST. 3				
I.				: 	
Operator				s.	
Dugan Production Corp.				 	
Address	07400				
P.O. Box 208 Farmingto	on, NM 87499				
Reason(s) for filing (Check proper box)		Other (Please	espiain)		
New Well	Change in Transporter of:				
Recompletion		y Gas D			
Change in Ownership	Casinghead Gas C	Effective December 11, 1987			
If change of ownership give name and address of previous owner					
II. DESCRIPTION OF WELL AND	IFASP				
Lease Name	Well No. Pool Name, including F	ormation	Kind of Lease	Lease No.	
Lee's Ferry	1 Undesignated	Gallup	State, Federal or Fee Federal	NM 41650	
Location	1 0				
Unit Letter L : 1880	Feet From The South Li	ne and400	Feet From The West		
Line of Section 19 Towns	ship 24N Range	8W , NMPM	. San Juar	County	
III. DESIGNATION OF TRANSPO		L GAS	to which approved copy of this form	is to be sent)	
Name of Authorized Transporter of OII	or Condensate		Bloomfield, NM 87413		
Conoco, Inc.		P.U. BOX 1429	to which approved copy of this form	is to be sent)	
Name of Authorized Transporter of Casin	(no change)	1			
Dugan Production Corp.			armington, NM 87499		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. L 19 24N 8W	Yes 10-23-86			
If this production is commingled with	that from any other lease or pool,	give commingling orde	r number:		
NOTE: Complete Parts IV and V	on reverse side if necessary.				
VI. CERTIFICATE OF COMPLIANCE	CF	OIL CONSERVATION DIVISION			
I hereby certify that the rules and regulations of the Oil Conservation Division have		11	DEC 0 0 1987	, 19	
been complied with and that the information given is true and complete to the best of my knowledge and belief.					
,		0.	Thomas .		
		TITLESTE	PRVISTON HISTRICT # 8		
This form is to be filed in compliance with AU		BL # 1164.			
Tellara tar	Allina failey If this is a request for allowable for a newly drilled				
(Signatu	10)	well, this form must be accompanied by a tabulation of the deviat			
Production Repor	t Supervisor		well in accordance with RULE		
(Title)		All sections of able on new and re	this form must be filled out completed wells.	mpietely for allow	
12-9-87	7			changes of owner.	
(Date)		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.			

completed wells.