STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

	61450		
DISTRIBUTE	ON		T
SAMTA FE			+-
FILE		+	
U.S.G.S.		+-	
LAND OFFICE		1-	-
TRAMEPORTER	OIL		
	GAS		
OPERATOR		T-	
PROBATION OFFICE			

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

Form C-104 Reyises 10-01-78
Formal 08-01-83

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

REQUEST FOR ALLOWABLE AND

	ISPORT OIL AND NATURAL GAS
DUGAN PRODUCTION CORP.	
Address	
P.O. Box 208, Farmington, NM 87499	
New Well Change in Transporter of: Recompletion Cli	Other (Please explain) Ory Gas Condensate Effective 11-18-87
If change of ownership give name and address of previous owner	
II. DESCRIPTION OF WELL AND LEASE	Lastaviã whe
Jicarilla E Wett No. Poot Name, Including 2 Tapacito Pict	
Unit Letter K 1850 Feet From The South Li	1750 West
Line of Section 27 Township 26N Aange	3W Rio Arriba Caunty
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA	
Name of Authorized Transporter of Cit or Candensate XX The Mancos Corp.	Address (Give address to which approved copy of this form is to be tent!
Name of Authorized Transporter of Casinghead Gas or Dry Gas	P.O. Box 1320, Farmington, NM 87499
Northwest Pipeline (No Change)	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, Unit Sec. Twp. Rge. qive location of tanks. K 27 26N 3W	Yes
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 COMPILANCE	OIL CONSERVATION DIVISION
nereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given is true and complete to the best of the knowledge and belief.	APPROVED NOT 1 2 1987
my knowledge and belief.	BY Sugar
22 , 12	TITLE SUPERVISOR DISTRICT
Sud name	This form is to be filed in compliance with RULE 1104.
Bud Crane (Signature)	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.
Production Supermisendent	All sections of this form must be filled out completely to
11-18-87 (Date)	Fill out only Sections 1 II IV and 10 for the
,=,	well name or number, or transporter, or other such change of condition.

completed wells.