STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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FILE		1	1
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LAND OFFICE			$\overline{}$
TRANSPORTER	OIL	1	1
	GAS		
ROTARIO			\vdash
PRORATION OFF	KE		

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

Form C-104 Revised 10-01-78 Formal 06-01-83

OPERATOR REQUEST F	OR ALLOWABLE	
PROBATION OFFICE	AND OIL COLL	
I. AUTHORIZATION TO TRAN	AND OIL CON. DIV.	
Operator	DIST. 3	
DUGAN PRODUCTION CORP.		
Addiess		
P. O. BOX 208, FARMINGTON, NM 87499		
Reason(s) for liling (Check proper box)	Other (Please explain)	
New Well Change in Transporter of:	Orner (Please explain)	
	Dry Gas	
Change in Ownership	Gas Connection 10/16/86	
If change of ownership give name		
and address of previous owner		
II DESCRIPTION OF WELL AND LEACH		
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, including		
Tapacitos 2 Gavilan Mane	Lease No	
Location Z Gavilati Mano	COS State, Federal or Fee Federal NM 7993	
Unit Letter L : 1545 Feet From The South Li	ne and 790 Feet From The West	
Line of Section 25 Township 26N Range 2		
ZOIN HUNGE	RW , NMPM, Rio Arriba County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA	I CAS	
or Condensate Aggress (Give address to which asset to which asset (Give address to which asset (Give ad		
Giant Refining, Inc.	P. O. Box 256, Farmington, NM 87499	
Name of Authorized Transporter of Casinghead Gas X or Dry Gas	Address (Give address to which approved copy of this form is to be sent)	
Dugan Production Corp.	P. O. Box 208, Farmington, NM 87499	
If well produces oil or liquids, Unit Sec. Twp. Rgs.	is gas actually connected? When	
give location of tanks. L 25 26N 2W	yes 10/16/86	
f this production is commingled with that from any other lease or pool,		
NOTE: Complete Parts IV and V on reverse side if necessary.	The state of the s	
to 12. Complete 1 and 17 and 17 on reverse side if necessary.	•	
T. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION	
hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED OCT 24 1986	
een complied with and that the information given is true and complete to the best of by knowledge and belief.	80,114,17	
	BY Jane. Jave	
()	TITLE SUPERVISOR DISTRICT # 1	
Xb-21 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	This form is to be filed in compliance with But F 1104	
	term as to be three in compliance with mitter trad	

Spec 1	Jarel	
Jim L. Jacobs Deologist	(Signature)	
	(Title)	

10/23/86

(Dase)

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.