STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

			
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DISTRIBUTION			
SANTA PE			
FILE			
U.B.G.8.			
LAND OFFICE			
TRANSPORTER	014		
	GAB		
OPERATOR			
PROBATION OFFICE			

OIL CONSERVATION DIVISI

P. O. 80X 2088

SANTA FE, NEW MEXICO 87501

JAN2 0 1887

REQUEST FOR ALLOWABLE

OIL CON. DIV.

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

AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Dugan Production Corp. Address P. O. Box 208 Farmington, New Mexico 87499 Reoson(s) for filing (Check proper box) Other ! Please explain! New Well Change in Transporter of: Transfer of well to OH Dry Gas Recompletion New Operator's Bond Change in Ownership Casinghead Gas Condensate Texaco Producing Inc. (Operated by Texaco Inc.) If change of ownership give name P. O. Box 3109 Midland, Texas 79702 (Phone: 915-688-4676) and address of previous owner. II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, including Formation Kind of Lease Lease No. State, Federal or Fee J. C. Daum Bisti (Gallup) Location 990 1650 Feet From The South Line and Unit Letter , NMPM, 25N Range 11W Township San Juan Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Twp. is gas actually connected? When Sec. Rge. If well produces oil or liquids. give location of tanks. If this production is commingled with that from any other lesse 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.

DUGAN PRODUCTION CORP.

* Thomas A. Dugan, President

November 16, 1987

(Date)

*Complete by New Operator

OIL CONSERVATION DIVISION

APPROVED JAN 2 10 1988

BY SUPERVISOR DISTRICT 18 12

This form is to be filed in compliance with MULE 1104.

If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 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.