| 5   | STATE         | OF    | W3M   | MEXICO  |       |
|-----|---------------|-------|-------|---------|-------|
| BCA | * * * * * * * | A1510 | EDALC | OSDAGES | 40849 |

| **. ** (**** *** | I        |    |   |
|------------------|----------|----|---|
| DISTRIBUTI       |          | 1  |   |
| SANTA FE         | 7        | T- |   |
| FILE             | 1        |    |   |
| U.\$.0_\$.       |          |    |   |
| LANG OFFICE      |          |    |   |
| TRANSPORTER      | OIL      |    | - |
|                  | DAS      |    |   |
| OPERATOR         |          |    |   |
| PROSATION OFF    | $\sqcap$ |    |   |

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



Form C-104 Pevised 10-01-78 Format 06-01-83

| OPERATOR   |                  | KEGUESI FO                 |                  | ABLE                   | NOV 0 8 1004   |               |
|--|------------------|----------------------------|------------------|------------------------|--|---------------|
| PROBATION OFFICE   | AUTHO            |                            | AND              |                        |  |               |
| I  | ~ <b>0</b> 1110  | RIZATION TO TRANS          | SPORT OIL        | . AND NATE             | JRAU GAS   |               |
| Cp-rotor   |                  |                            |                  |                        | Original Control of the Control of t |               |
| Dugan Production Corp.   |                  |                            |                  |                        | eren ja  |               |
| P.O. Box 208, Farmingt   | on, NM           | 87499                      |                  |                        |  |               |
| New Well   |                  |                            |                  | Other (Pleas           | e explain)   |               |
| Recompletion   | <del></del>      | In Transporter of:         |                  | Chango                 | of turns .   | -             |
|  | ∏ cu             | ==                         | Dry Gas          | Efforti                | of transporter   |               |
| Chonge in Own-rahip  | Cos              | Inghead Gas C              | ondensate        | LITECTI                | ve Nov. 1, 1984  |               |
| If change of ownership give name and address of previous owner                                     | 2000, 2          |                            |                  |                        |  |               |
| II. DESCRIPTION OF WELL AND  | LEASE            |                            | •                |                        |  |               |
| Lease Name   | Well No.         | Pool Name, Including F     | ermation         |                        | Kind of Lease Jicarilla  | Lecse No.     |
| Boulder  | 10               | Boulder Manco              | os               |                        | State, Federal or Fee Apache   | 241           |
| Location   |                  |                            |                  |                        | , , , , , , , , , , , , , , , , , , ,  |               |
| Unit Letter 0 : 330  | Feet Fre         | om The South Lin           | ne and 2         | 310                    | Feet From The East   |               |
|  |                  |                            | - <del>:=</del>  | •                      | Last   |               |
| Line of Section 23 Towns   | hip 28           | N Range                    | 1W               | , NMPM                 | Rio Arriba   | County        |
|  |                  |                            |                  |                        |  |               |
| III. DESIGNATION OF TRANSPOR   | ETER OF          | OIL AND NATURAL            | L GAS            |                        | •  |               |
| Name of Authorized Transporter of Ott  | orC              | ondensate 🔲                | Address (        | Give address i         | to which approved copy of this form is to  | be sent)      |
| Ciniza Pipeline, Inc.  |                  |                            | P.O. 1           | Box 20329              | . Houston TY 77025   |               |
| Name of Authorized Transporter of Casing   | head Gas [       | or Dry Cas                 | Address (        | Give address i         | Houston, TX 77025  | be sent)      |
|  |                  |                            |                  |                        |  |               |
| If well produces oil or liquids, Ur  | nii Sec          | Twp. Rge.                  | Is gas oct       | ually connecte         | od? When   |               |
| give location of tanks.  | C ; 2            | 3                          | <u> </u>         |                        | !  |               |
| f this production is commingled with the   | hat from ar      | y other lesse or pool.     | give comm        | ingling order          | number   |               |
|  |                  |                            | •-               |                        |  |               |
| NOTE: Complete Parts IV and V or   | n reverse s      | ide if necessary.          |                  |                        |  |               |
| Л. CERTIFICATE OF COMPILANC  | E                |                            | 1                | OIL C                  | ONSERVATION DIVISION   |               |
| haraba samifa sharaba mila and a and at  | ( ) ( ) ( )      |                            | ll               |                        | A = -  |               |
| hereby certify that the rules and regulations of<br>seen complied with and that the information gi | or the Oil Co    | onservation Division have  | APPRO            | VED                    | NOV 08/1984  | 9             |
| ny knowledge and belief.   | 7 C. 13 CI U. 21 | id complete to the pest of |                  |                        | 801/4/   |               |
|  |                  | :                          | BY               |                        | may . Jave   |               |
| _  |                  |                            | TITLE            |                        | SUPERVISOR DISTRICT # 3  |               |
| Sh. 1: 51  | '.D ,            | ,                          |                  |                        |  |               |
| Maline (11)  | rull             | r                          |                  |                        | be filed in compliance with AULE   |               |
| (Signature)  | •                |                            | Mann' ful        | E form must            | est for allowable for a newly drilled<br>be accompanied by a tabulation of   | i or deepened |
| Production Repo  | rt Super         | rvisor                     | tests tal        | cen on the w           | will in accordance with AULE 111.  | the creation  |
| (Title)  |                  |                            | A11              | sections of            | this form must be filled out complete  | ly for allow  |
| 11-6-84  |                  |                            | sole ou          | new and rec            | ompleted wells.  |               |
| (Date)   |                  |                            | AAII DED         | w or number,           | ections I. II. III, and VI for change<br>or transporter, or other such change  | of condition  |
|  |                  | jį                         | Sepi<br>complete | rate Forma<br>d wells. | C-104 must be filled for each poo  | l in multiply |