

4 NMOCD

1 File

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

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ILE	
S.O.A.	
AND OFFICE	
TRANSPORTER	OIL
	GAS
PERATOR	
ORATION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DUGAN PRODUCTION CORP.	
P.O. Box 5820, Farmington, NM 87499-5820	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate
Creation of Basin-Fruitland Coal Gas Pool Per NMOCD Order No. R-8768 & R-8769 Effective 11-1-88	
Range of ownership give name and address of previous owner	
From <del>to</del> <sup>under</sup> FR. <del>FR.</del> <sup>FR.</sup>	

## DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
KR	2	Basin-Fruitland Coal Gas	State, Federal or Fee Federal	NM-11580
Unit Letter <u>D</u> ; <u>973</u> Feet From The <u>North</u> Line and <u>1000</u> Feet From The <u>West</u>				
Line of Section <u>29</u> Township <u>27N</u> Range <u>13W</u> , NMPM, <u>San Juan</u> County				

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Dugan Production Corp. (no change)	P.O. Box 5820, Farmington, NM 87499-5820
Well produces oil or liquids, or location of tanks.	Is gas actually commingled? When

If 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.

## 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.

L. Jacobs  
Geologist  
-17-88  
(Signature)  
(Title)  
(Date)

## OIL CONSERVATION DIVISION

APPROVED DEC 25 1988, 19  
BY [Signature]  
TITLE SUPERVISION DISTRICT #3

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

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 allowables 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.