

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PROMOTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator

DUGAN PRODUCTION CORP.

Address

P.O. Box 5820, Farmington, NM 87499-5820

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

Other (Please explain)

Creation of Basin-Fruitland Coal Gas Pool
Per NMOCD Order No. R-8768 & R-8769
Effective 11-1-88change of ownership give name
and address of previous owner

FROM L. L. HALL FR PC

DESCRIPTION OF WELL AND LEASE

Lease Name La Lee Ann	Well No. 2J	Pool Name, including Formation Basin-Fruitland Coal Gas	Kind of Lease State, Federal or Fee Federal	Lease No. NM 3791
Location				
Unit Letter <u>C</u> : <u>790</u> Feet From The <u>North</u> Line and <u>1850</u> Feet From The <u>West</u>				
Line of Section <u>28</u> Township <u>27N</u> Range <u>13W</u> <u>NOV 25 1988</u> <u>N.M.P.M.</u> <u>San Juan</u> County				

II. 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)
El Paso Natural Gas Company (No Change)	P.O. Box 4990, Farmington, NM 87499
Well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rgs.
Is gas actually connected?	When
Yes	

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.

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.

Jim L. Jacobs
Geologist (Signature)

11-17-88 (Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED Nov. DEC 25 1988, 19
BY Jim L. Jacobs
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 allow-
able 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.