

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL
	<input type="checkbox"/> GAS
OPERATOR	
PROMOTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
DEC 09 1987
OIL CON. DIV.
DIST. 3

I.

Operator

Dugan Production Corp.

Address

P.O. Box 208, Farmington, NM 87499

Reason(s) for filing (Check proper box)

☐ New Well☐ Recompletion☐ Change in Ownership

Change in Transporter of:

☐ Oil☐ Casinghead Gas☐ Dry Gas☒ Condensate

Other (Please explain)

Effective December 11, 1987

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Carpenter	Well No. 1E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. SW-968
Location Unit Letter <u>F</u> <u>1850</u> Feet From The <u>North</u> Line and <u>1480</u> Feet From The <u>West</u> Line of Section <u>25</u> Township <u>30N</u> Range <u>14W</u> , NMPM, San Juan County				

NM-0206994

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Conoco, Inc.	P.O. Box 1429, Bloomfield, NM 87413
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 Co. (No Change)	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.
	F 25 30N 14W
Is gas actually connected?	When
Yes	5-28-80

If 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.

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.

Selma Farley
(Signature)

Production Report Supervisor

(Title)

12-9-87

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19

BY _____

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 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 multiphase completed wells.