## STATE OF NEW MEXICO ENERGY MO MINERALS DEPARTMENT

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DISTRIBUTE		П			
BANTA FE					
FILE			Г		
V.8.6.5.					
LAMO OFFICE					
TRAMAPORTER					
OPERATOR					
PRORATION OFFICE					

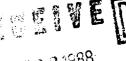
OIL CONSERVATION DIVISION

REQUEST FOR ALLOWABLE

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Formal 06-01-63



OPERATOR	$\perp$					4	ND	\$ e.	4 1 s.f.	原名なに	)() <b>(</b>	
PRORATION OFFICE		1		AUTHOR	NZATION:	-		L AND NATU	RAL GA		NV	
1.					II CATION	10 11/2/13			- 13	CON.	LVIQ.	
Operator									1 31 37	72:07	3/	
DUGAN PROI	DUC	T	ION COI	₹P.						Mai.	and the state of t	٠
Address											<del></del>	
P.O. Box 208				, NM	87499							
Reason(s) for filing (C	heck	pro	per box)					Other (Please	explain)			
Mer Aell				Change Is	n Transporter	r ol:	-	Change	T.		(-)	-
Recompletion				∐ ou		ء لإليا	Change in Transporter(s)  Effective 4-1-88					
Change In Owners	hip			Cast	nghead Gas		ondensate	Effectiv	/e 4-1-	. 88		
If change of ownershind and address of previo	us o	wne	f	ASE			-,	<u>.                                    </u>				
Lease Name				Well No. Pool Name, Including Formation		Kind of L	.case		Lease No			
Sly Slav				2 Basin Dakota		State, Fe	deral or Fee	Fee	j			
Location		•										
Unit Letter N		_:_	790	_Feet Fro	m The Sou	th	ne and <u>1</u>	700	Feet F	rom The	West	
Line of Section 1:	3		Township	, 30N		Range	15W	, NMPM	•		San Juan	County
III. DESIGNATION	OF	TR	ANSPORT	ER OF	DIL AND	NATURA	L GAS					
Name of Authorized Transporter of OII or Condensate				Aid: one (Give address to which approved copy of this form is to be sent)								
Conoco (No Change)					P O Box 1429, Bloom field, NM 87413							
Name of Authorized Transporter of Casinghead Gas or Dry Gas				Address (Give address to which approved copy of this form is to be sent)								
Dugan Production Corp.			P.O. Box 208, Farmington, NM 87499									
well produces oil or	Haute		Unit	Sec.	Twp.	Rqe.	is gas oc	tually connecte	rd ?	When		
give location of tanks.	114441	,		N ! 1	3 30N	1 5W	Yes			<b>*</b>	2-14-83	
this production is c	omm	ingi	ed with the	t from an	y other leas	se or pool,	give com	ningling order	number			
NOTE: Complete l	Parts	<i>IV</i>	and V on	reverse si	ide if neces	isary.						
L CERTIFICATE O	CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION				_							
100				1998								
hereby certify that the rules and regulations of the Oil Conservation Division have			APPR	OVED			ALLK A CO	#PYY				

been complied with and that the information given is true and complete to the best of my knowledge and belief.

Bud C	rane	
Bud Crane Production Sup	(Signatura) perintendent	
3-25-88	(Tule)	

(Date)

APPROVED	MAD 2 2 1988
87	
TITLE	Supervisor Bratrict # 1

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

If this is a request for allowable for a newly drilled or despense 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 post in multiply completed wells.