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MAY 31 1985

**OIL CON. DIV.
DIST. 3**

STATE OF NEW MEXICO

ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

CO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

I. Operator Dugan Production Corp.

Address P.O. Box 208, Farmington, NM 87499

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) <u>Effective June 1, 1985</u>
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Turk's Toast</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Basin Dakota</u>	Kind of Lease State, Federal or Free <u>Fed.</u>	Lease No. <u>NM 19163</u>
Location Unit Letter <u>M</u> : <u>790</u> Feet From The <u>South</u> Line and : <u>790</u> Feet From The <u>West</u> Line of Section <u>18</u> Township <u>30N</u> Range <u>14W</u> , NMPM, <u>San Juan</u> Count				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>Mancos Corp.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1320, Farmington, NM 87499</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>El Paso Natural Gas Co.</u> (No Change)	Address (Give address to which approved copy of this form is to be sent) _____	
If well produces oil or liquids, give location of tanks.	Unit <u>M</u>	Sec. <u>18</u>
	Twp. <u>30N</u>	Rge. <u>14W</u>
	Is gas actually connected? <u>No</u> When _____	

If this production is commingled with that from any other lease or pool, give commingling order numbers _____

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.

John L. Jacobs (Signature)
Geologist (Title)

May 29, 1985

(Date)

OIL CONSERVATION DIVISION

APPROVED Frank MAY 31 1985 19
BY _____
TITLE _____ SUPERVISOR DISTRICT III

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

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.

Separate Form C-104 must be filed for each pool in multi-completed wells.