

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104

Supersedes Old C-104 and C-110
Effective 1-1-65

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FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

Operator Jerome P. McHugh	
Address P O Box 208, Farmington, NM 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change In Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change In Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

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

I. DESCRIPTION OF WELL AND LEASE

Lease Name Di's Delight	Well No. #1	Pool Name, including Formation S. Blanco P.C.	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter <u>E</u> ; <u>1850'</u> Feet From The <u>North</u> Line and <u>790'</u> Feet From The <u>West</u>				
Line of Section <u>17</u> , Township <u>24N</u> Range <u>2W</u> , NMPM, <u>Rio Arriba</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 Co.	PO Box 990, Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec. Twp. Rge.
		Is gas actually connected? When

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 10-30-80	Date Compl. Ready to Prod. 12-11-80		Total Depth 3200'		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 7096' G.L.	Name of Producing Formation Pictured Cliffs		Top Oil/Gas Pay 3093'		Tubing Depth 3073' GL			
Perforations 3093, 95, 97, 99, 3113, 15, 22, 26, 28, 30, 32, 34, 36, 50		TUBING, CASING, AND CEMENTING RECORD		SACKS CEMENT				
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET					
9-3/4"	7"		144' GL		60 sx			
	4 1/2"		3198' GL		150 sx 50-50 pos + 75 sx Class "B"			
	1 1/2"		3073' GL					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
		JAN 13 1981	

GAS WELL

Actual Prod. Test - MCF/D 589 AOF	Length of Test 3 hrs	Bbls. Condensate/MMCF	Quantity of Condensate
Testing Method (pitot, back pr.) One-point back press.	Tubing Pressure (Shut-in) 817 psig	Casing Pressure (Shut-in) 822 psig	Choke Size .85

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Thomas A. Dugan
(Signature)
Agent
(Title)
1-10-81
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 13 1981, 19____
BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT # 3
TITLE _____

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 multiply completed wells.