		4 - N	MOCD	1 -	- McHugh	1 -	El Paso	(Bob Clark)	4-1110	
HO. OF COPIES RECE	1460									
DISTRIBUTION			NEW MEXICO OIL CONSERVATION CO REQUEST FOR ALLOWABL							C 104 4 C 110
SANTA FE							OWABLE		Supersedes Old C-104 and C-110 Effective 1-1-65	
FILE	FILE		AND							
U.S.G.S.			AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				IATURAL GAS			
LAND OFFICE										
TRANSPORTER	OIL									
TRANSPORTER	GAS	<u> </u>								
OPERATOR										
PRORATION OF	ICE	<u> </u>	<u> </u>							
Operator	_									
Jerome P. Mo	Hugh									
Address										^
P 0 Box 208	, Farm	ningto	1, NM 8	3/401		<del></del>	Other (Please	explain)		
Reason(s) for filing	(Check s	proper box.	)				01.10. 11 1000	,,		
New Well	XX			e in Trans						
Recompletion			Oil		Dry G	<b>7</b>				
Change in Ownershi	P		Casin	ghead Gas	Conde	ensate				
If change of owners and address of pre-	vious ov	vner								
. DESCRIPTION C	F WEL	L AND	LEASE	No Pool N	Name, Including	Formation		Kind of Lease		Lease No.
Lease Name			Į.	i i				State, Federal or Fe	* Fee	
Jo Ann's Je	wel		#2	<u> </u>	Blanco P.	<u>.                                    </u>		1		
Location Unit Letter	L	17	90 Feet	From The	South_L	ine and7	90	Feet From The	West	
		<b>~</b> -	wnship `	24N	Range	2W	, NMPN	A. Rio Arr	iba	County
Line of Section	<u> 17</u>	10	wiiship .	<u> </u>				<del></del>		

L	FILE		AND MATHER CA	e				
	U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL GA	.3				
[	LAND OFFICE							
	TRANSPORTER OIL							
- 1	GAS							
[	OPERATOR							
ı. L	PRORATION OFFICE							
- 1	Operator							
Į	Jerome P. McHugh							
1	Address	NM 87401						
	P 0 Box 208, Farmington,	NM 87401	Other (Please explain)					
	Reason(s) for filing (Check proper box)	Change in Transporter of:						
	New We!I	Oil Dry Gas						
	Recompletion	Casinghead Gas Condens	sate 🔲					
ļ	Change in Ownership							
	If change of ownership give name							
	and address of previous owner							
	DESCRIPTION OF WELL AND I	FASF		Lease No.				
П.	DESCRIPTION OF WELL AND LI	Well No. Pool Name, Including For		_				
	Jo Ann's Jewel	#2 S. Blanco P.C.	State, Federal	or Fee				
	Location							
	1 1790	Feet From The South Line	and 790 Feet From T	he <u>West</u>				
	Unit Letter : 1730			- II County				
	Line of Section 77 Town	ship 24N Range	2W , NMPM, Rio	Arriba County				
	Line of Section 17							
17	DESIGNATION OF TRANSPORTI	ER OF OIL AND NATURAL GAS	S	ed copy of this form is to be sent)				
11.	Name of Authorized Transporter of Oil	or Condensate	•••••					
	F1 Paso Natural Gas Co.		Address (Give address to which approved copy of this form is to be sent)					
	Name of Authorized Transporter of Casir	nghead Gas or Dry Gas	Address (Give address to which approv	Ed Copy of the form of				
	4 Pon Natural	gas Co	to age gatually connected? Whe	n				
	If well produces oil or liquids,	thit Sec. Twp. P.ge.	Is gas actually connected? Whe					
	give location of tanks.	L	No					
	If this production is commingled with	that from any other lease or pool,	give commingling order number:					
ıv	COMPLETION DATA		New Well Workover Deepen	Plug Back   Same Resty. Diff. Resty				
		Oil Well Gas Well	ING. HOLL					
	Designate Type of Completion		XX	P.B.T.D.				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth					
	10-22-80	12-6-80	3260 t Top Oil/Gas Pay	Tubing Depth				
	Elevations (Dr., KKD, KI, GK, etc.)	Name of Producing Formation	•	3141' GI				
	7170' GL	Pictured Cliffs	3146	Depth Casing Shoe				
	Perforations							
	3181, 79, 77, 75, 73, 7	1, 69, 52, 50, 48 & 46	CEMENTING RECORD					
		Tubina, Chaine, Aire	DEPTH SET	SACKS CEMENT				
	HOLE SIZE	CASING & TUBING SIZE	145 GL	60 sx				
	9-7/8"	7"	3258' GL	325 cu. ft. slurry				
	6-1/8"	4½"	3141' GL					
	1½"		3141 GL					
			ifter recovery of total volume of load oil	and must be equal to or exceed top allow				
V	. TEST DATA AND REQUEST FO	RALLOWABLE (Test must be a able for this de	enth or be for full 24 nours)					
	OII. WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)				
	Date First New Oil Run 10 1 diks							
		Tubing Pressure	Casing Pressure	Choke Size				
	Length of Test							
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF				
	Actual Prod. During 1991			1 VAN ONE				
				1 Con # 1000				
	TAR WEST T			100				
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Gondsbotte CO				
	<b>,</b>	3 hrs		101111111111111111111111111111111111111				
	2098 CAOF Testing Method (picot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				
	one-point back pressure	995 psi	995 psi	13"				
				ATION COMMISSION				
VI	. CERTIFICATE OF COMPLIANC	J.	JAN	2 1981				
	I hereby certify that the rules and r	egulations of the Oil Conservation	APPROVED	Original Signed by FRANK T. CHAVEZ				
	I hereby certify that the rules and r Commission have been complied w	with and that the information given	Original Signed by FR	ANA I. CHAVGE				
	Commission have been complied washove is true and complete to the	best of my knowledge and beller.	SUPERVISOR DISTE	SUPERVISOR DISTRICT 指 3				
	, ,//		TITLE	TITLE				
	$\sim 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 $		This form is to be filed in	compliance with RULE 1104.				
	WH WILL	1						
	1.4. husace		If this is a request for allowable for a newly difficult of the deviation of the deviation well, this form must be accompanied by a tabulation of the deviation well, this form must be accompanied by the Bull E 111.					

Thomas A. Dugan Agent (Title) 12-31-80 (Date)

well, this form must be accompanied by a tabulation of tests taken on the well in accordance with RULE !!!.

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.