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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

Operator Jerome P. McHugh	
Address P O Box 208, Farmington, NM 87401	
Reason(s) for filing (Check proper box)	
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"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jo Ann's Jewel	Well No. #2	Pool Name, including Formation S. Blanco P.C.	Kind of Lease State, Federal or Fee	Lease No. Fee
Location				
Unit Letter L	1790	Feet From The South	Line and 790	Feet From The West
Line of Section 17	Township 24N	Range 2W	, NMPM, Rio Arriba County	

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) P O Box 990, Farmington, NM 87401	
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.		
El Paso Natural Gas Co.		
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 17
	Twp. 24N	Rge. 2W
	Is gas actually connected? No	
	When	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		XX	XX					
Date Spudded 10-22-80	Date Compl. Ready to Prod. 12-6-80		Total Depth 3260'			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) 7170' GL	Name of Producing Formation Pictured Cliffs		Top Oil/Gas Pay 3146			Tubing Depth 3141' GL		
Perforations 3181, 79, 77, 75, 73, 71, 69, 52, 50, 48 & 46			TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
9-7/8"	7"		145' GL			60 sx		
6-1/8"	4 1/2"		3258' GL			325 cu. ft. slurry		
1 1/2"			3141' 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

GAS WELL

Actual Prod. Test-MCF/D 2098 CAOF	Length of Test 3 hrs	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) one-point back pressure	Tubing Pressure (shut-in) 995 psi	Casing Pressure (shut-in) 995 psi	Choke Size 1/2"

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)

12-31-80

(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 2 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.