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U.S.G.S.	
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)	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

DESCRIPTION OF WELL AND LEASE		Lease No.
Lease Name Big Hit	Well No. #12	Pool Name, Including Formation Gavilan P.C. <u>Arriba</u>
Kind of Lease State, Federal or Fee		Fed.
Location Unit Letter <u>C</u> ; <u>970'</u> Feet From The <u>north</u> Line and <u>1850'</u> Feet From The <u>west</u>		
Line of Section <u>12</u> Township <u>24N</u> Range <u>2W</u> , NMPM, <u>Rio Arriba</u> County		

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>		<u>P O Box 990, Farmington, NM 87401</u>	
<u>El Paso Natural Gas Co.</u>		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 type="checkbox"/>			
<u>El Paso</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>C</u>	Sec. <u>12</u>	Twp. <u>24N</u>
		Pge. <u>2W</u>	Is gas actually connected? <u>No</u>

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

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)			<u>XX</u>	<u>XX</u>					
Date Spudded <u>11-10-80</u>	Date Compl. Ready to Prod. <u>12-20-80</u>	Total Depth <u>3575'</u>				P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) <u>7368'</u>	Name of Producing Formation <u>Gavilan P.C.</u>	Top Oil/Gas Pay <u>2390'</u>				Tubing Depth <u>2427'</u>			
Perforations <u>2390, 1, 2, 3, 4, 5, 6, 7, 8, 9, 2400, 1 & 2</u>		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
<u>9-7/8"</u>	<u>7"</u>		<u>85'</u>		<u>40 sx class "B"</u>				
	<u>4 1/2"</u>		<u>3590' GI</u>		<u>225 sx</u>				
	<u>1 1/2"</u>		<u>2427'</u>						

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 WELL		Bbls. Condensate/MMCF	Quantity of Condensate
Actual Prod. Test-MCF/D <u>2440 AOF</u>	Length of Test <u>3 hrs</u>		<u>Oil - CON. COM.</u>
Testing Method (pitot, back pr.) <u>one-point back pressure</u>	Tubing Pressure (shut-in) <u>487 psi</u>	Casing Pressure (shut-in) <u>505 psi</u>	<u>1/2 DIST. 3</u>

I. 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)
1-6-81
(Date)

OIL CONSERVATION COMMISSION
APR 6 1981
APPROVED _____, 19____
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT # 3

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.