

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Jerome P. McHugh

Address
P O Box 208, Farmington, NM 87499

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"/>
Change In Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry 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 Hill Well	Well No. 1	Pool Name, including Formation Gavilan P.C.	Kind of Lease State, Federal or Fee Fed.	Lease No. NM 04083
-------------------------	---------------	--	--	-----------------------

Location

Unit Letter A : 920 Feet From The North Line and 910 Feet From The East

Line of Section 16 Township 25N 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 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)
<u>El Paso Northwest Pipeline Corp</u>	<u>3539 E 30th, Farmington, NM 87401</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <u>Yes</u> When <u>4-27-83</u>

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.
		XX	XX					
Date Spudded 5-2-82	Date Compl. Ready to Prod. 5-24-82	Total Depth 3620' GL	P.B.T.D. 3583'					
Elevations (DF, RKB, RT, GR, etc.) 7270' GL	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 3504'	Tubing Depth 3482' GL					
Perforations 3504-3576'			Depth Casing Shoe 3620' GL					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	7"	98' GL	60
6 1/2"	4 1/2"	3620' GL	175
	1 1/4"	3482	

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 all able 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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.

RECEIVED
MAY 1983

GAS WELL

Actual Prod. Test-MCF/D 156	Length of Test 3 hrs.	Bbls. Condensate/MMCF ---	Gravity of Condensate ---
Testing Method (pitot, back pr.) back pr.	Tubing Pressure (Shut-in) 886 psi	Casing Pressure (Shut-in) 886 psi	Choke Size 9/16"

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 above is true and complete to the best of my knowledge and belief.

Bud Crane
Bud Crane (Signature)
Production Supervisor (Title)
5-2-83 (Date)

OIL CONSERVATION DIVISION

APPROVED _____ MAY 1983

BY _____

TITLE _____

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

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

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

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

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