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STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-01-78
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Page 1

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**CONFIDENTIAL**

I. Operator JEROME P. McHUGH	
Address P O Box 809, Farmington, NM 87499	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Full Sail	Well No. #2	Pool Name, including Formation Gavilan Mancos	Kind of Lease State, Federal or Fee Fed.	Lease No. NM 23039
Location Unit Letter <u>I</u> ; <u>1650</u> Feet From The <u>South</u> Line and <u>790</u> Feet From The <u>East</u> Line of Section <u>28</u> Township <u>25N</u> Range <u>2W</u> , NMPM, Rio Arriba County				

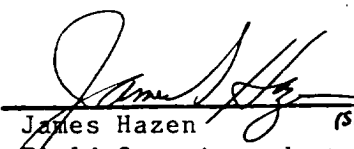
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Refining, Inc. Co.	Address (Give address to which approved copy of this form is to be sent) P O Box 256, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Northwest Pipeline Corp.	Address (Give address to which approved copy of this form is to be sent) 3539 E 30th St., Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. I 28 25N 2W
Is gas actually connected? No	When As soon as possible

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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

 James Hazen (Signature)
 Field Superintendent

5-28-85

(Title)

(Date)

OIL CONSERVATION DIVISION

640-85
APPROVED JUN 10 1985

Original Signed by FRANK T. CHAVEZ

BY _____
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 allow-
able 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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12-6-84	Date Compl. Ready to Prod. 2-2-85		Total Depth 8110'		P.B.T.D. 7888'				
Elevations (DF, RKB, RT, GR, etc.) 7251' GL; 7263' RKB	Name of Producing Formation Mancos		Top Oil/Gas Pay 6791'		Tubing Depth 7041' RKB				
Perforations 6791-7437, 48 holes						Depth Casing Shoe 8092' RKB			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	9-5/8"		227' RKB		147 cf				
8-1/2"	5-1/2"		8092' RKB		2166 cf in 3 stages				
	2-7/8"		7041' RKB						

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 2-2-85	Date of Test 5/24/85	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 3 hr.	Tubing Pressure 45 psig	Casing Pressure 690 psig	Choke Size 2"
Actual Prod. During Test for 24 hr. period	Oil-Bbls. 376 BOPD	Water-Bbls. 288 BWPD (frac water)	Gas-MCF 368 MCFGPD

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size