## 5 NMOCC 1 McHugh 1 NWP 1 File

(Date)

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SANTA FE	/			
FILE		1	٠	1
U.S.G.S.				
LAND OFFICE				
IRANSPORTER	OIL	1		
	GAS	1		
OPERATOR		/		
		1		-1

1	SANTA FE /	1	FOR ALLOWABLE	Supersedes Old C-104 and C-110		
Ì	LE / AND			Effective 1-1-65		
[	U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL G	AS		
	LAND OFFICE					
	IRANSPORTER OIL /	-				
	GAS /					
	PRORATION OFFICE	1				
I.	Operator Operator					
	Jerome P. McHugh					
	Address	Dala Danuar Colo 900	202	/ CONTRACT		
		Bldg., Denver, Colo. 802		1		
	Reason(s) for filing (Check proper box	Change in Transporter of:	Other (Please explain)	1 5 1968		
	New Well  Recompletion	Oil Dry Ga	as :			
	Change in Ownership	Casinghead Gas Conden	<b>75</b> !	ON COM		
				38-3		
	If change of ownership give name and address of previous owner					
	·					
11.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.		
	Jicarilla 2 Basin Dakota		State, Federal or Fee Ind. Cont #120			
	Location					
	Unit Letter L ; 1700	D Feet From The South Lin	ne and 990 Feet From 1	The West		
			4 W , NMPM, Rio A	rriha County		
	Line of Section 30 To	wnship 26N Range	4 W , NMPM, K10 A	(1) <b>(1)</b>		
111	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	<b>AS</b>			
111.	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approx	ped copy of this form is to be sent)		
	Rock Island 011 Co		Box 328 Farmington.  Address (Give address to which approx	New Mexixo 87401		
	Name of Authorized Transporter of Ca	singhead Gas or Dry Gas 🛣	Box 990, Farmington,			
	El Paso Natural Ga	Unit Sec. Twp. Rge.	Is gas actually connected? Who			
	If well produces oil or liquids, give location of tanks.	L 3C 26N 4W	No			
		<u></u>	give commingling order number:			
IV.	If this production is commingled with COMPLETION DATA	ith that from any other lease or pool,		Det Det Barte		
•••		Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.		
	Designate Type of Completi	On - (X) X	X Total Depth	P.B.T.D.		
	Date Spudded 4/18/68	5/7/68	7590'	7564'		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	6658' Gr.	Dakota	73751	1 1/4" 7515'		
	Perforations			Depth Casing Shoe		
	7375' - 7544'		TOTAL DECORP	7589'		
			D CEMENTING RECORD	SACKS CEMENT		
	12 1/4"	8 5/8"	209	135 sx.		
	7 7/8"	4 1/2"	7589'	350 sx. 1st stage		
				660 sx. 2nd stage		
		1 1/2"	7515'	960 cu. ft. 3rd stage		
V.	V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or able for this depth or be for full 24 hours)					
	OIL WELL Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	l		Water-Bbls.	Gas-MCF		
	Actual Prod. During Test	Oil-Bbls.	Walter 52:50			
	GAS WELL					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	3736	3 hrs. Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Testing Method (\$40, back pr.)  one point	Tubing Pressure (Shut-in)	2527	3/4"		
	<u> </u>			ATION COMMISSION		
ΥI	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.  Original signed by T. A. Dugan  (Signature)		OIE CONSERVA	JUL 16,1968		
			APPROVED	JOL 1 0 19		
			Original Signed by A. R. Kendrick			
			TITLE PETROLEUM ENGINEER DIST. NO. 5			
			11			
			This form is to be filed in	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-			
	Engineer	Title)	able on new and recompleted w	ells.		
	7/17/68		Fill out only Sections I.	II. III, and VI for changes of owner,		

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.