1.	DISTRIBUTION ANTA FE LE LOSS, AND OFFICE RANSPORTER GAS OPERATOR PRORATION OFFICE	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-1 AND Effective 1-1-65 AUTHORIZATION TO TRANSPORT ()IL AND NATURAL GAS					
	Jerome P. McHu Address Box 234, Farmin Reason(s) for filing (Check proper box ew We!! Recompletion Change in Ownership If change of ownership give name and address of previous owner	gton, New Mexico 874	Other (Please explain)	l'e			
IE.	DESCRIPTION OF WELL AND	I FASE					
	Lease Name Jicarilla Location	Well No. Pool Name, Including F 3 Basin Dak	State, Federa	l or FeInd. Cont 120			
	Unit Letter D ; 944		- 11	Arriba County			
		singhead Gas or Dry Gas	Address (Give address to which approx Box 108, Farming Address (Give address to which approx 501 Airport Dr., Is gas actually connected? Whe	ton, N. M. 87401 Ded copy of this form is to be sent) Farmington, N.M.			
٧.	Designate Type of Completic	on - (X)	New Well Workover Deepen	Plug Back Same Resty, Diff, Resty.			
i	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	E.evations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	Perforations	<u> </u>		Depth Casing Shoe			
	TUBING, CASING, AND CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
V .	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a able for this de	ifter recovery of total volume of load oil of epth or be for full 24 hours)	and must be equal to or exceed top allow-			
	Dite First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, et al.)				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	Astual Prod. During Test	Oil-Bhis.	Water-Bbls.	Gua (1.0)			
1		<u> </u>	OIL	CON. COM. DIST. 3			
ŗ	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	notad, prode (est-mor/D		TOTAL CONGRESSIBLE OF INVIOL	Gravity of Condensate			
į	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			

VI. CERTIFICATE OF COMPLIANCE

Operator

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.

(Title)

January 21, 1974 (Date)

OIL CONSERVATION COMMISSION

FEB 7 1971 By Original Signed by Emery C. Arnold

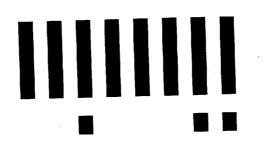
SUPERVISOR DIST: #3 TITLE __

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. Canada Frome C-104 must be filed for each most in multiple







Job separation sheet

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HO. OF COPIES RECEIVED				
DISTRIBUTIO				
SANTA FE				
FILE				
U.S.G.S.				
LAND OFFICE			Ĺ	
TRANSPORTER	OIL			
THANSPURIER	GAS			
OPERATOR	L	Ĺ		
PRORATION OFFICE				

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104 Supersedes Old C-104 and C-11

	SANTA FE	REQUEST F	OR ALLOWABLE	Effective 1-1-65		
	FILE		AND	. A.C		
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
	LAND OFFICE					
	TRANSPORTER OIL					
	GAS					
	OPERATOR OFFICE					
1.	PRORATION OFFICE					
	Jerome P. McHug	h				
	Address					
	Box 208, Farmington, NM 87401					
	Reason(s) for filing (Check proper box)		Cther (Please explain)	1000		
	New Well Change in Transporter of: Effective June 1, 1980					
	Recompletion	Oil Dry Gas				
	Change in Ownership	Casinghead Gas Condens	sale [A]			
	If change of ownership give name					
	If change of ownership give hame and address of previous owner					
		7.47				
ч.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	rmation Kind of Leas			
	Jicarilla	3 Basin Dakota	State, Federa	norfee Ind. Cont. 120		
	Location					
	D . 940	Feel From The North Line	and 1070 Feet From	The West		
	Unit Letter ; 340 _			iba County		
	Line of Section 31 Tow	nship 26N Range 4W	, NMPM, Rio Arr	iba county		
		AND NATURAL CAL	:			
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appro	ved copy of this form is to be sent)		
			P.O. Box 2297, Midla	ind, TX 79702		
	Basin, Inc. Name of Authorized Transporter of Cas	inghead Gas . or Dry Gas	Address (Give address to which appro	ved copy of this form is to be sent)		
	Northwest Pipennie Lury	i li li de ca si di				
		Unit Sec. Twp. P.ge.	Is gas actually connected? Wh	en		
	If well produces oil or liquids, give location of tanks.	! !				
	If this production is commingled with that from any other lease or pool, give commingling order number:					
īV.	COMPLETION DATA		New Well Workover Deepen	Plug Back 'Same Res'v. Diff. Res'v		
	Designate Type of Completio	0	Naw well			
	Designate Type of Completion	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Date Spudded	Date Compil Reday to 1 tous				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Elevations (DP, RRB, RT, GR, etc.)					
	Perforations			Depth Casing Shoe		
			CEMENTING RECORD	SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			
			<u>. </u>			
	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)					
V.	TEST DATA AND REQUEST FO	able for this de	pth or be for full 24 hours)			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	iji, eici)		
			Casing Pressure	Choke Size		
	Length of Test	Tubing Pressure	Cdamy France			
		(Oil-Bbis.	Water - Bbls.	Gas-MCF		
	Actual Prod. During Test	Ott-Bail.		3"		
	GAS WELL					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
				Choke Size		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Chore Size		
				A THOSE STABLAICEION		
VI.	. CERTIFICATE OF COMPLIANCE		OIL CONSERV	AT PHE SEMINISSION		
			APPROVED	, 19		
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		Original Signed by FE	ANK T. CHAVEZ		
	Commission have been complied to the	with and that the information given beat of my knowledge and belief.				
	→ / //		TITLESUPERVISOR DISTRICT # \$			
			This form is to be filed in compliance with RULE 1104.			
	A. Musan		- 40	to deep the second of the seco		
	(1.4. W)		well, this form must be accomp	It is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviation of the deviation of the well in accordance with RULE 111.		
	Signatural (Signatural)		II	Digettee area trace		

Thomas A: Dugan

Agent

5-29-80 (Date)

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

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