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TRANSPORTER	OIL / GAS /
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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

I.

Operator Jerome P. McHugh	
Address 930 Petroleum Club Bldg., Denver, Colorado 80202	
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"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead 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 Jicarilla	Well No. 6	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Ind. Cont.	Lease No. #120
Location				
Unit Letter L	1620	Feet From The South Line and 800	Feet From The West	
Line of Section 29	Township 26N	Range 4W	Rio Arriba	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Rock Island Oil Co.	Address (Give address to which approved copy of this form is to be sent) Box 328, Farmington, N. M.					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) Box 990, Farmington, N. M.					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 29	Twp. 26N	Rge. 4W	Is gas actually connected? No	When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
		X	X					
Date Spudded 8/3/68	Date Compl. Ready to Prod. 10/16/68	Total Depth 7745'	P.B.T.D. 7700'					
Elevations (DF, RKB, RT, GR, etc.) 6784' Gr.	Name of Producing Formation Dakota	Top Oil/Gas Pay 7526'	Tubing Depth 7666'					
Perforations 7526' - 32' & 7633' - 7689'			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
12 1/4"	8 5/8"	235'		175 sx.				
7 7/8"	4 1/2"	7744'		2100 cu. ft.				

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 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 - MCF

GAS WELL

Actual Prod. Test - MCF/D 1722 AOF	Length of Test 3 hrs.	Bbls. Condensate/MMCF ---	Gravity of Condensate
Testing Method (pitot, back pr.) One Point BP	Tubing Pressure (shut-in) 2210	Casing Pressure (shut-in) 2371	Choke Size 3/4"

VI. 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.

Original signed by T. A. Dugan

(Signature)

Engineer

(Title)

11/5/68

(Date)

OIL CONSERVATION COMMISSION

NOV 6, 1968

APPROVED

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.

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