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OPERATOR	
PRORATION OFFICE	

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

Operator Jerome P. McHugh	
Address 930 Petroleum Club Bldg., Denver, Colo.	
Reason(s) for filing (Check proper box)	Other (Please explain)
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"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla	Well No. 5	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Ind. Cont. #120	Lease No.
Location Unit Letter D ; 890' Feet From The North Line and 880' Feet From The West Line of Section 29 Township 26N Range 4W , NMFM, 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"/>	Address (Give address to which approved copy of this form is to be sent) Box 328, Farmington, New Mexico					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Box 990, Farmington, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 29	Twp. 26N	Rge. 4W	Is gas actually connected? Yes	When 10/28/68

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 Res'v.	Diff. Res'v.
		X	X					
Date Spudded 9/27/68	Date Compl. Ready to Prod. 10/30/68		Total Depth 7847'		P.B.T.D. 7810'			
Elevations (DF, RKB, RT, GR, etc.) 6860' RKB	Name of Producing Formation Dakota		Top Oil/Gas Pay 7646'		Tubing Depth 7588'			
Perforations 7745' - 7800' & 7646' - 7654'					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		205'		175 sx.			
7 7/8"	4 1/2"		7847'		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 1361 AOF	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) One Point BP	Tubing Pressure (shut-in) 2398	Casing Pressure (shut-in) 1696	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

Engineer

11/15/68

(Signature)

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED

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 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.

NEW MEXICO OIL CONSERVATION COMMISSION

INITIAL WELL DELIVERABILITY TEST REPORT FOR 19 68Form C122-A
Revised 1-1-66

POOL NAME Undesignated	POOL SLOPE n = .75	FORMATION Gallup	COUNTY Rio Arriba
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COMPANY Jerome P. McHugh			WELL NAME AND NUMBER Jicarilla #5		
UNIT LETTER D	SECTION 29	TOWNSHIP 26N	RANGE 4W	PURCHASING PIPELINE EPNG Co.	
CASING O.D. - INCHES 4 1/2"	CASING I.D. - INCHES 4.052	SET AT DEPTH - FEET 7847	TUBING O.D. - INCHES 2.375	TUBING I.D. - INCHES 1.995	TOP - TUBING PERF. - FEET 7586'
GAS PAY ZONE FROM 7083' TO 7101'		WELL PRODUCING THRU CASING X TUBING		GAS GRAVITY .728	GRAVITY X LENGTH 5523'
DATE OF FLOW TEST FROM 1/2/69 TO 1/10/69			DATE SHUT-IN PRESSURE MEASURED 11/2/68		

PRESSURE DATA - ALL PRESSURES IN PSIA

(a) Flowing Casing Pressure (DWt)	(b) Flowing Tubing Pressure (DWt)	(c) Flowing Meter Pressure (DWt)	(d) Flow Chart Static Reading	(e) Meter Error (Item c - Item d)	(f) Friction Loss (a - c) or (b - c)	(g) Average Meter Pressure (Integr.)
1126	---	531	7.1 504	+27	595	514
(h) Corrected Meter Pressure (g + e)	(i) Avg. Wellhead Press. $P_t = (h + f)$	(j) Shut-in Casing Pressure (DWt)	(k) Shut-in Tubing Pressure (DWt)	(l) P_c = higher value of (j) or (k)	(m) Del. Pressure $P_d = P_c - P_f$	(n) Separator or Dehydrator Pr. (DWt) for critical flow only
541	1136	1708	---	1708	854 1366	825

FLOW RATE CORRECTION (METER ERROR)

Integrated Volume - MCF/D	Quotient of $\frac{\text{Item c}}{\text{Item d}}$	$\sqrt{\frac{\text{Item c}}{\text{Item d}}}$	Corrected Volume
8075	1.0536	1.0265	Q = 8289 MCF/D

WORKING PRESSURE CALCULATION

$(1 - e^{-s})$	$(F_c Q_m)^2 (1000)$	$R^2 = (1 - e^{-s}) (F_c Q_m)^2 (1000)$	P_t^2	$P_w^2 = P_t^2 + R^2$	$P_w = \sqrt{P_w^2}$
.331	1,024,243	339,024	1,290,496	1,629,520	1277

DELIVERABILITY CALCULATION

$D = Q \left[\frac{P_c^2 - P_d^2}{P_c^2 - P_w^2} \right]^n =$	8289	$\left[\frac{(1.051368)^n (1.6991)^n \cdot .75}{\frac{2,187,948}{1,287,744}} \right] =$.8163	$\frac{1.4881}{.8587} =$	12,335 MCF/D
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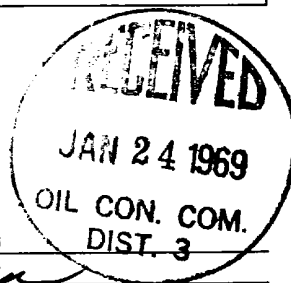
REMARKS:

Fe = 3.861

SUMMARY

Item h **541** Psia
 P_c **1708** Psia
 Q **8289** MCF/D
 P_w **1277** Psia
 P_d **854** **1366** Psia
 D **12,335** **7118** MCF/D

Company **Jerome P. McHugh**
 By **P.A. McHugh**
 Title **Agent**
 Witnessed By _____
 Company _____



OK