## 5 OCC 1 McHugh 1 Sinclair 1 File NO. OF COPIES RECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 SANTA FE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 FILE Effective 1-1-65 AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator Jerome P. McHugh Addres CON. COM. Box 234, Farmington, N. M. 87401 ÖIST. 3 Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Oil Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner \_\_\_\_ II. DESCRIPTION OF WELL AND LEASE ell No. Pool Name, Including Formation Kind of Lease Lease No. Nordhaus State, Federal or Fee Ballard Pictured Cliffs SF 078477 Location 1850 Feet From The north\_\_Line and\_ 790 18 NMPM, Rio Arriba Township 25N Range 7W III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Cil Name of Authorized Transporter of Casinghead Gas or Dry Gas**XX** Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas Co Box 990, Farmington, N. M. 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: IV. COMPLETION DATA Gas Well New Well Same Res'v. Diff. Res'v Designate Type of Completion -(X)P.B.T.D. Date Spudded Date Compl. Ready to Prod. Total Depth 2300 Tubing Depth 4/5/69 5/20/69 23301 Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay 6504' Gr. Pictured Cliffs 22151 22931 Depth Casing Shoe 2218' to 2279' TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 8 5/8" XXXXXX 11 1/4" 801 75 sx. 4 1/2" 7 7/8' 23311 <del>200 sx.</del> 1 1/4" 22931 (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 FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks Producing Method (Flow, pump, gas lift, etc.) Casing Pressure Choke Size Length of Test Tubing Pressure Water - Bbls. Gas - MCF Oil - Bbls. Actual Prod. During Test **GAS WELL** Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate 1151 Testing Method (pitot, back pr.) 3 hr. Tubing Pressure(shut-in) Casing Pressure (Shut-in) Choke Size 5/8" 587 600 one pt. back press OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE AUG 6 1969 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. By Original Signed by Emery C. Arnold

Original signed by T. A. Dugan

This form is to be filed in compliance with RULE 1104.

Original signed by T. A. Dugan

If this is a request for allowable for a newly drilled or de

(Signature)

(Title)

(Date)

7/28/69

Agent

EXXXXX

TITLE

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.

SUPERVISOR DIST. #3

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.



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