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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 Box 234, Farmington, N. M.	
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 A	Well No. 4	Pool Name, Including Formation Gallup Wildhorse	Kind of Lease State, Federal or Fee Ind. #98	Lease No.
Location				
Unit Letter L	1650	Feet From The south	Line and 990	Feet From The west
Line of Section 19	Township 26N	Range 3W	, NMPM, 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)
Plateau, Inc.	Box 108, Farmington, N. M.
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	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.	Unit L Sec. 19 Twp. 26N Rge. 3W
Is gas actually connected?	When 11/26/69

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

V. 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 7/17/69	Date Compl. Ready to Prod. 10/8/69	Total Depth 8280'	P.B.T.D. 8245'					
Elevations (DF, RKB, RT, GR, etc.) 7192' Gr.	Name of Producing Formation Gallup	Top Oil/Gas Pay 7544'	Tubing Depth 7574'					
Perforations 7544' to 7550'	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8"	240'	175 SX.					
7 7/8"	5 1/2"	8278'	675 SX.					
	1 1/4"	8169' 7574'						

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)

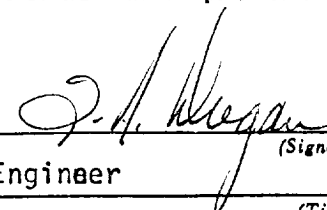
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 410	Length of Test 3 hrs.	Bbls. Condensate/MMCF ---	Gravity of Condensate ---
Testing Method (pitot, back pr.) One pt. bk. press.	Tubing Pressure (Shut-in) 1310'	Casing Pressure (Shut-in) 1330	Choke Size 5/8"

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.


Engineer
11/25/69
(Signature)
(Title)
(Date)

OIL CONSERVATION COMMISSION
APPROVED
Original Signed by Emery C. Arnold
BY
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.