

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
EXEMPTION	
DATE	
FILE	
CLASS	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
OPERATION OFFICE	
CITY	

Jerome P. McHugh

Address

Box 208, Farmington, NM 87401

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:
Oil ☒
Casinghead Gas ☐

Dry Gas ☐
Condensate ☐

Other (Please explain)

Effective August 17, 1981

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Apache	6	Basin Dakota	State, Federal or Fee Ind. Cont.	98
Location				
Unit Letter	M	990	Feet From The South Line and 800	Feet From The West
Line of Section	17	Township	26N	Range 3W
		NMPM,	Rio Arriba	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)		
Giant Refining, Inc.	Petroleum Plaza, Suite 238 Farmington, NM 87401		
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)		
Northwest Pipeline Corp.	P.O. Box 90, Farmington, NM 87401		
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When		
Unit	Sec.	Twp.	Range
M	17	26N	3W

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Restr. Drill. Per.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.S.T.D.		
Services (DF, R.B., RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		
Perforations				Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

T. A. Dugan
(Signature)

T. A. Dugan, Agent

8-17-81

(Date)

OIL CONSERVATION DIVISION

APPROVED

AUG 19 1981

BY

SUPERVISOR DISTRICT #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 deeper well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells 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. Form C-104 must be filled for each pool in multi-