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3.G.S.					
AND OFFICE	AND OFFICE				
RANSPORTER	OIL				
, THANSTORTER	GAS				
OPERATOR					
PROPATION OF	PRORATION OFFICE				
Operator					
Jerome	P. N	1cH	ugh		
Address Box 234, Farmin					
ew Well					
Recompletion					
Change in Ownership					
If change of owners and address of prev			e		

NEW MEXICO OIL CONSERVATI

ì	Jerome P. McHuç	AUTHORIZATION TO TR	FOR ALLOWABLE AND PANSPORT OIL AND NATURA	Form C-104 Supersedes Old C-104 and C- Effective 1-1-65 AL GAS		
	Reason(s) for filing (Check proper both aw We!! Recompletion Change in Ownership	Change in Transporter of: Oil Dry G	Other (Please explain)	-74		
	If change of ownership give name and address of previous owner					
11.	DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease No.					
	Tribal Lecation	2 Basin Dakota	State, Fe	deral or Fee Ind. Cont. 115		
		O Feet From The South List wnship 26N Range		Arriba County		
III.	Name or Authorized Transporter of Or	TER OF OIL AND NATURAL GA	AS Address (Give address to which a	pproved copy of this form is to be sent)		
	Plateau, Inc. Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	P.OBox 108, Farming Address (Give address to which a	ton, New Mex. 87401 oproved copy of this form is to be sent)		
	Northwest Pipeline Cor If well produces oil or liquids, give location of tanks.	poration Unit Sec. Twp. Rge. L 9 26N 3W		ngton, New Mex. 87401		
IV.	If this production is commingled win COMPLETION DATA	th that from any other lease or pool,	-			
	Designate Type of Completic	on - (X) Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, 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		
V.	TEST DATA AND REQUEST FOOIL WELL Date First New Oil Run To Tanks	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load pth or be for full 24 hours) Producing Method (Flow, um. fa.	oil and must be equal to or exceed top allow-		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	OII-Bbis.	Water-Bbls.	2 4 1074 Gas-MCF		
ļ			OIL CO			
1	GAS WELL			ST. 3		
	Actual Prod. 1081-MCF/D	Length of lest	Bbls. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size		
VI.	CERTIFICATE OF COMPLIANO	CE	OIL CONSER	VATION COMMISSION		
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. (Signature) Operator (Title)			APPROVED FFB 7 1974 19 By Original Signed by Emery C. Arnold			
			TITLE SUPERVISOR DIST. #3			
			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.			
-	January 21, 1974 (Dai	re)	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.			