4-NMOCC	1 -4//C	nug	1
	*		
NO. OF CO' ES RECEIVED			
פודטפומדנום	N		
SANTA FE		/	
FILE		1	
U.S.G.\$.		7	
LAND OFFICE			
IRANSPORTER	OIL	I	
	GAS	1	<u> </u>
OPERATOR		1	:
PRORATION OFFICE			
Operator			
Jerome P.	McH	ugh	
Address			
P. O. Box	x 234	, F	arr
Reason(s) for filing			

DISTRIBUTION SANTA FE FILE	<u> </u>	NSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Etfective 1-1-65	
U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS /	AUTHORIZATION TO TRAN	NSPORT OIL AND NATURAL (GAS	
OPERATOR / PRORATION OFFICE Operator				
Jerome P. McHugh				
P. O. Box 234, Farm Reason(s) for filing (Check proper box		Other (Please explain)		
New Well	Change in Transporter of:			
Recompletion Change in Ownership	Oil Dry Gas Casinghead Gas Condens	=		
If change of ownership give name and address of previous owner				
I. DESCRIPTION OF WELL AND	LEASE. Well No. Pool Name, including Fo	rmation Kind of Leas	Lease No.	
Tiger Location	4 Tapacito	- P.C. Ext. State, Feder	That are journed to	
Unit Letter G: 145				
	wnship 26N Range 3V		Rio Arriba County	
Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GAS or Condensate	S Address (Give address to which appro	oved copy of this form is to be sent)	
Name of Authorized Transporter of Car El Paso Natural Gas		Address (Give address to which appropriate P. O. Box 990, Farming	iton, New Mexico 87401	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.		hen	
If this production is commingled wi	th that from any other lease or pool, (New Well Workover Deepen	Plug Back Same Res'v, Diff. Res'v.	
Designate Type of Completic		X Total Depth	P.B.T.D.	
Date Spudded 11-17-72	12–26–72	3894	38121	
Elevations (DF, RKB, RT, GR, etc.) 7129° GR - 7141° RKB	Name of Producing Formation Pictured Cliffs	Top O:1/Gas Pay 3780	Tubing Depth 3792	
Perforations 3804-38091 3797-38	301 ', 3789 – 3793 ', 3780 – 37	861.	Depth Casing Shoe	
3004-3003 ; 3737-30		CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
12-1/4"	8-5/8"	105 RKB	85 sacks	
7–7/8"	4-1/2"	3889¹ RKB	308 cu. ft.	
TOO DATE AND DECUEST F	OP ALLOWARIE (Test must be at		il and must be equal to or exceed top allow-	
V. TEST DATA AND REQUEST F	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas		
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gos		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil - Bbls.	Water-Bble. Gas-MSN 12 1973		
GAS WELL			DIST. 3	
Actual Prod. Test-MCF/D	Length of Teet 3 hrs	Bbls. Condensate/MMCF	Gravity of Condensate	
689 AOF Testing Mothod (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
One point back pressure		995 OIL CONSERV	ATION COMMISSION	
I handly carrify that the rules and	regulations of the Oil Conservation	BY Original Signed by in the second way to		
Commission have been complied	with and that the information given e heat of my knowledge and belief.			
Original signed by T. A. I)ugan	This form is to be filed in compliance with RULE 1104.		
(Sign	natwe)	If this is a request for allowable for a newly drilled or deepens well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
·	itle)	All sections of this form must be filled out completely for allow able on new and recompleted wells. Fill out only Sections I. II. III, and VI for changes of owner and out only Sections I. III.		
June 7, 1973	Date)	well name or number, or transport	orter, or other such change of condition	