STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION			
SANTA PE			
FILE			
V.1.0.4.			
LAND OFFICE			
TRAMSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OF			

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

REQUEST FOR ALLOWABLE
AND



PAGRATION OFFICE	AUTHO	RIZATION TO		ND PORT OIL A	JTAN DN	JRAL GAS	FEB1 970	788
Operator JEROME P. McHUGH								
P O Box 809, Farmington,	NM 87	499			· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
Reason(s) for filing (Check proper box)				Oı	her (Pleas	e explain)		··
New Well Recompletion Change in Ownership	O11	n Transporter o		ry Gas ondensate	Effect	ive 2/1/88		
If change of ownership give name and address of previous owner				·····				
II. DESCRIPTION OF WELL AND I	EASE	1	-1-4 C	·		Kind of Lease		
Colket	1E	Pool Name, Ir		ormation		1 -	or Fee Indian	N00-C-14-
Location	1 IE	Basin Da	akota			<u> </u>		120
Unit Letter K ; 1850	Feet Fre	om The South	Lin	e and <u>: 1</u>	520	Feet From Th	• West	
Line of Section 15 Townsh	25N	F	lange 1	1W	, NMPI	a, San Jua	in	County
III. DESIGNATION OF TRANSPOR	TER OF	OIL AND N.		GAS	e addeess	to which approve	d copy of this form	is to be sent)
Giant Refining, Inc.			P.O. Box 256, Farmington, N.M. 87499					
Name of Authorized Transporter of Casingle El Paso Natural Gas Co.	sporter of Casinghead Gas or Dry Gas 🔼			Address (Give address to which approved copy of this form is to be sent) P.O. Box 4990, Farmington, N.M. 874994990				
If well produces of or liquids, give location of tanks.	•	•	Rge. 11W	ls que actual	lly connec	ed? When	The many transfer	
If this production is commingled with the		•		give comming	gling orde	r number:		
NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE			OIL CONSERVATION DIVISION					
I hereby certify that the rules and regulations	of the Oil C	onservation Divi	sion have	APPROV	ED	<u> </u>	1 0 1988	_, 19
been complied with and that the information gi my knowledge and belief.	ven is true 2	nd complete to t	he best of	BY		3x	A	·
				TITLE	······································	SUPERVISI	ON DISTRICT	#3
				This	form is to		mplience with Ru	
James S. Hazen Signature	,			well, this	form mus	t be accompanie		illed or deepensed to of the deviation 111.
Field Supt. (Tule)				A11 .=4	ctions of		be filled out com	pletely for allow-
2/8/88			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.					
•	• > 5			Separa completed		s C-104 must b	e filed for each	pool in multiply