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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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-111
 Effective 1-1-65

30-045-24273

I. OPERATOR

Operator: Jerome P. McHugh

Address: Box 208, Farmington, NM 87401

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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry 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 <u>Erin Stays Com</u>	Well No. <u>1E</u>	Pool Name, Including Formation <u>Basin Dakota</u>	Kind of Lease State, Federal or Fee <u>Fed NM 8405</u>	Lease No. _____
Location				
Unit Letter <u>C</u>	<u>790</u>	Feet From The <u>North</u>	Line and <u>1850</u>	Feet From The <u>West</u>
Line of Section <u>2</u>	Township <u>25N</u>	Range <u>11W</u>	, NMPM, <u>San Juan</u> 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"/>	<u>Basin, Inc.</u>	Address (Give address to which approved copy of this form is to be sent)	<u>P.O. Box 2297, Midland, TX 79702</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	<u>Northwest Pipeline Corp.</u>	Address (Give address to which approved copy of this form is to be sent)	<u>Box 90, Farmington, NM 87401</u>
If well produces oil or liquids, give location of tanks.	Unit <u>C</u>	Sec. <u>2</u>	Twp. <u>25N</u>
	Range <u>11W</u>	Is gas actually connected?	When
		<u>No</u>	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <u>4-7-80</u>	Date Compl. Ready to Prod. <u>4-22-80</u>	Total Depth <u>6130'</u>	P.S.T.D. <u>6079'</u>					
Elevations (DF, RAB, RT, GR, etc.) <u>6271' GL</u>	Name of Producing Formation <u>Basin Dakota</u>	Top Oil/Gas Pay <u>5918</u>	Tubing Depth <u>5939' RKB</u>					
Perforations <u>5962-5970, 5948-5957', 5918-22'</u>		Depth Casing Shoe						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>12-1/4"</u>	<u>8-5/8"</u>	<u>561' RKB</u>	<u>300 SX</u>					
<u>4-1/2"</u>	<u>4-1/2"</u>	<u>6130' RKB</u>	<u>650 SX</u>					
	<u>1-1/2"</u>	<u>5939' RKB</u>						

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.)	
		Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Water - Bbls.	Gas - MCF
Actual Prod. During Test	Oil - Bbls.		

GAS WELL

Actual Prod. Test - MCF/D <u>No Test</u>	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in) <u>1850 SI</u>	Casing Pressure (shut-in) <u>1900 SI</u>	Choke Size

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.

Thomas A. Dugan (Signature)
 Agent
 (Title)

5-27-80
 (Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 2 1980 MAY 23 1980

BY Original Signed by CHARLES GAVELSON, COM

TITLE DEPUTY OIL & GAS INSPECTOR, 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.

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.