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SANTA FE		/		
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U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL	1		
	GAS	11		
OPERATOR		1		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	SANTA FE /		OR ALLOWABLE	Supersedes Old C-164 and C-110 Effective 1-1-65						
	FILE		AND SPORT OIL AND NATURAL ($\sim P$						
-	LAND OFFICE	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL	B.N.						
-	OIL /			' /						
į	TRANSPORTER GAS /									
	OPERATOR /	•		ŕ						
1.	PRORATION OFFICE									
	Jerome P. McHugh									
-	Address									
	P. O. Box 234, Fa	rmington, New Mexico 87	401 Other (Please explain)							
	Reason(s) for filing (Check proper box) New Well	Change in Transporter of:		or from Dugan Production						
	Recompletion	OII Dry Gas		P. McHugh - Effective						
İ	Change in Ownership	Casinghead Gas Condens	ate Jua Dermin	7-23-73						
			,							
	If change of ownership give name and address of previous owner									
	DESCRIPTION OF WELL AND L	FASE								
11.	Lease Name	Well No. Pool Name, Including For	1							
Bengal B I Gallegos Gallup State, Federal or Fee Fed N										
	Location	O h h	1050	The East						
	Unit Letter 0; 790	Feet From The South Line	and 1850 Feet From	The Edsi						
	Line of Section 2 Tow	nship 26N Range 12	W , NMPM,	San Juan County						
	Elife of Section 12									
111.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Address (Give address to which appr	oved conv of this form is to be sent)						
	Name of Authorized Transporter of Oil Plateau, Inc.	or Condensate		ngton, New Mexico 87401						
į	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas X	Address (Give address to which appr	oved copy of this form is to be sent)						
	El Paso Natural Gas Co	1	P. O. Box 990, Farmin	ngton, New Mexico 87401						
	If well produces oil or liquids,	Unit Sec. Twp. Ege.	Is gas actually connected?	hen						
	give location of tanks.	0 2 26N 12W								
		h that from any other lease or pool, a	rive commingling order number:							
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workever Deepen	Plug Back Same Resty. Diff. Resty.						
	Designate Type of Completio	n = (X)	Re-Entry	X						
	Date Spudded Re-Entered	Date Compi. Ready to Prod.	Total Depth	P.B.T.D. 5120°						
	6-28-73	7-9-73 Name of Producing Formation	5160° Top Oil/Gas Pay	Tubing Depth						
	Elevations (DF, RKB, RT, GR, etc.) 5900 GR	Gailup	4840¹	5055*						
	Perforations Old Perf 508	L		Depth Casing Shoe						
		New Perf 4960-661, 4942-521, and 4840-501.								
	TUBING, CASING, AND CEMENTING RECORD									
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET 426	400 sx						
	15" 7 - 7/8"	5-1/2"	51591	250 sx						
	72776	2–3/8"	5055							
				_ i						
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a)	ter recovery of total volume of load o	il and must be equal to or exceed top allow-						
	able for this depth or be for full 24 hours) OII. WELL Date First New Oil Bun To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)									
	7-21-73	7-21-73	Swabbi							
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size						
	6 hrs			Gas-MCF						
	Actual Prod. During Test	Oil-Bbis. 240	Water-Bbls.	40						
	144 240 20 40									
	GAS WELL									
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Opndensate						
			Casing Pressure (Shut-in)	Choke Size						
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Control Statement Country To Marie College	1						
_		CE	OII ARIGE	VATION COMMISSION						
VI.	CERTIFICATE OF COMPLIAN	CE .	Non-							
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.			BY Original Signed by Emery C. Arnold							
						SHPERVISOR DIST. #3				
	Original gigned by T A T)	riginal signed by T. A. Dugan		in compliance with RULE 1104.						
(Signature) Engineer (Title)			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.							
							8-8-73		The series of the series of owner,	
						(Date)			well name or number, or transporter, or other such change of condition.	