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| OPERATOR | | |
| LOCATION 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-110
 Effective 1-1-65

| | |
|---|---|
| Operator Jerome P. McHugh | |
| Address Box 234, Farmington, New Mexico 87401 | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well <input type="checkbox"/> | Change of Operator from Dugan Production Corp. to Jerome P. McHugh - Effective 7-23-73 |
| Re-completion <input type="checkbox"/> | |
| Change in Ownership <input type="checkbox"/> | |
| Change in Transporter of: | |
| Oil <input type="checkbox"/> | Dry Gas <input type="checkbox"/> |
| Casinghead Gas <input type="checkbox"/> | Condensate <input type="checkbox"/> |

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|----------------------|--|--|------------------------------|
| Lease Name Bengal A | Well No. 1 | Pool Name, Including Formation Gallegos Gallup | Kind of Lease State, Federal or Fee Fed | Lease No. NM 16470 |
| Location Unit Letter K ; 1980 Feet From The South Line and 1980 Feet From The West | | | | |
| Line of Section 1 Township 26N Range 12W , NMPM, San Juan County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|--|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Plateau, Inc. | P. O. Box 108, Farmington, New Mexico 87401 |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| El Paso Natural Gas Company | P. O. Box 990, Farmington, New Mexico 87401 |
| I well produces oil or liquids, give location of tanks. | Is gas actually connected? When |
| Unit K Sec. 1 Twp. 26N Rge. 12W | |

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 <input checked="" type="checkbox"/> | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Re-Entry | | | | | | | X | |
| Date Spudded Re-entered 6-14-73 | Date Compl. Ready to Prod. 7-20-73 | Total Depth 7312' | | P.B.T.D. 5270' | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 5998' GR | Name of Producing Formation Gallup | Top Oil/Gas Pay 4993' | | Tubing Depth 5128' | | | | |
| Perforations Old Perf 5095-5110', 5115-5125', and 5169-5174' New Perf 4993-5003' | | Depth Casing Shoe | | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | | SACKS CEMENT | | | | |
| 15" | 10-3/4" | 423' | | 400 SX | | | | |
| 8-3/4" | 5-1/2" | 5311' | | 250 SX | | | | |
| | 2-3/8" | 5128' | | | | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 7-20-73 | Date of Test 7-20-73 | Producing Method (Flow, pump, gas lift, etc.) Swabbing | |
| Length of Test 4 hrs | Tubing Pressure | Casing Pressure | Choke Size None |
| Actual Prod. During Test 22 bbls | Oil-Bbls. 132 | Water-Bbls. 24 | Gas-MCF 168 |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|--|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate AUG 9 1973 |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size 1 1/2" |

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.

Original signed by **T. A. Dugan**

(Signature)

Engineer

(Title)

8-8-73

(Date)

APPROVED **AUG 9 1973**, 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.

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.