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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

B.R.

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

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 <u>K</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u>				
Line of Section <u>1</u> Township <u>26N</u> Range <u>12W</u> , NMPM, <u>San Juan</u> 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"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) 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"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, Farmington, New Mexico 87401	
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 1
	Twp. 26N	Rge. 12W
Is gas actually connected? <input type="checkbox"/> When _____		

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 <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Resrv. <input checked="" type="checkbox"/> Diff. Resrv. <input type="checkbox"/>		
Date Entered 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 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 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
Actual Prod. During Test 22 bbls	Oil-Bbls. 132	Water-Bbls. 24
		Choke Size None
		Gas-MCF 168

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	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.

Original signed by T. A. Dugan

(Signature)

Engineer

(Title)

8-8-73

(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 1 1974, 19

BY Original Signed by Emery G. 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 conditions.