

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SANTA FE	/
FILE	/
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-110
Effective 1-1-65

Operator Jerome P. McHugh	
Address Box 234, Farmington, N. M. 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"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead 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 Massau	Well No. 3	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee	Lease No. Ind. #N00-C-14-20-3022
Location				
Unit Letter G	1500	Feet From The north	Line and 1850	Feet From The east
Line of Section 23	Township 26N	Range 11W	, NMPM, San Juan 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"/>	Address (Give address to which approved copy of this form is to be sent)					
Plateau, Inc.	Box 108, Farmington, N. M. 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 Co.	Box 990, Farmington, N. M. 87401					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 23	Twp. 26N	Rge. 11W	Is gas actually connected? No	When 4/11/72

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

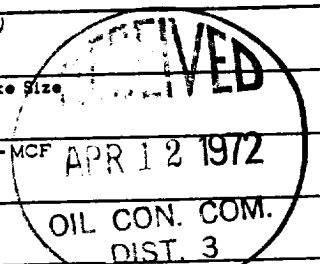
IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		XX	X					
Date Spudded 5/27/71	Date Compl. Ready to Prod. 6/26/71		Total Depth 6270'		P.B.T.D. 6230'			
Elevations (DF, RKB, RT, GR, etc.) 6313' Gr.	Name of Producing Formation Basin Dakota		Top Oil/Gas Pay 6153'		Tubing Depth 6212'			
Perforations 6153' XX, 6157', 6198' & 6212'					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		24#		175 SX.			
XXXXX								
XXXXXX 7 7/8"	4 1/2"		10.5		300 SX.			
2 3/8"			4.7#					

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



GAS WELL

Actual Prod. Test-MCF/D 2353	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) One pt. bk. press.	Tubing Pressure (shut-in) 1104	Casing Pressure (shut-in) 1292	Choke Size 3/4"

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 J. A. Dugan

(Signature)

Agent

(Title)

4/10/72

(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 12 1972, 19

BY Original Signed by Emory 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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.