

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

Operator  
Jerome P. McHughAddress  
P O Box 208, Farmington, NM 87401

Reason(s) for filing (Check proper box)

New Well ☒Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Lease Name Nassau	Well No. #3E	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee	Navajo Allotted	Lease No. N00-C- 14-20-3023
Location Unit Letter <u>J</u> : <u>1580</u> Feet From The <u>South</u> Line and <u>1700</u> Feet From The <u>East</u> Line of Section <u>23</u> Township <u>26N</u> Range <u>11W</u> , NMPM, <u>San Juan</u> County					

## I. 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)
Thriftway	P O Box 1367, Farmington, NM 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.	P O Box 990, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. J 23 26N 11W
Is gas actually connected? When	

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

## V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
		XX	XX					
Date Spudded 3-27-81	Date Compl. Ready to Prod. 5-10-81	Total Depth 6400'	P.B.T.D. 6314'					
Elevations (DF, RKB, RT, GR, etc.) 6309' GL	Name of Producing Formation Dakota	Top Oil/Gas Pay 6142'	Tubing Depth 6196' RKB					
Perforations 6142-6276' total 22 holes			Depth Casing Shoe 6398' RKB					

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	219' RKB	135 sx class B + 2% CaC
7-7/8"	4-1/2"	6398' RKB	1st stage 564.5 cu ft
	1-1/2"	6196' RKB	2nd stage 1203 cu ft

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 - Bbls.

## GAS WELL

Actual Prod. Test-MCF/D 706	Length of Test 3 hrs	Bbls. Condensate/MMCF	Oil - Bbls.
Testing Method (pilot, back pr.) one point back pressure	Tubing Pressure (shut-in) 1540 psi	Casing Pressure (shut-in) 1520 psi	Choke Size 5/8"

## VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation  
Division 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)  
7-15-81  
(Date)

APPROVED

BY

TITLE

OIL CONSERVATION DIVISION

Original Signed by FRANK J. CHAVEZ

SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deeper  
well, this form must be accompanied by a tabulation of the deviat  
tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all  
able on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of own  
well name or number, or transporter, or other such change of condit  
Separate Forms C-104 must be filed for each pool in multi