

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENTOIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501Form C-104  
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OIL CON. DIV.  
DIST. 3

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator JEROME P. McHUGH	
Address P O Box 809, Farmington, NM 87499	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gashead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate Effective 7/1/87

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Valencia Canyon	Well No. 38	Pool Name, including Formation Choza Mesa Pictured Cliffs	Kind of Lease State, Federal or Fee Federal	Lease No. NM14918
Location Unit Letter <u>D</u> : <u>790</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>West</u> Line of Section <u>24</u> Township <u>28N</u> Range <u>04W</u> , NMPM, Rio Arriba 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)
Petro Source Corp.	8777 E Via de Ventura, Suite 100, Scottsdale, AZ 85258
Name of Authorized Transporter of Gashead 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 4990 Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>D</u> Sec. <u>24</u> Twp. <u>28N</u> Rge. <u>04W</u>	

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

NOTE: Complete Parts IV and V on reverse side if necessary.

## 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 is true and complete to the best of my knowledge and belief.

James S. Hazen

Field Supt.

(Title)

6/22/87

(Date)

## OIL CONSERVATION DIVISION

JUN 24 1987

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY James S. HazenTITLE SUPERVISION 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 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.