

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENTOIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

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SANTA FE	
FILE	
M.S.B.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**RECEIVED**  
FEB 10 1988  
OIL CON. DIV.  
DIST. 3

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 type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Condensate Effective 2/1/88

If change of ownership give name  
and address of previous owner.

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Hardie	Well No. 2	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. SF078049A
Location Unit Letter <u>D</u> ; <u>970</u> Feet From The <u>North</u> Line and <u>850</u> Feet From The <u>West</u> Line of Section <u>28</u> Township <u>29N</u> Range <u>08W</u> , NMPM, San Juan County				

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

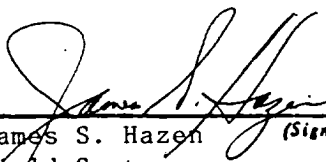
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Giant Refining, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 256, Farmington, N.M. 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co. (No Change)	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4990, Farmington, N.M. 874994990
If well produces oil or liquids, give location of tanks.	Unit <u>D</u> Sec. <u>28</u> Twp. <u>29N</u> Rge. <u>08W</u> Is gas actually connected? <u>  </u> When <u>  </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 (Signature)  
Field Supt.

(Title)

2/8/88

(Date)

OIL CONSERVATION DIVISION  
FEB 10 1988

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

BY Burt J. ShampTITLE 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 allow-  
able 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.