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NO. OF COPIES RECEIVED	.911		
DISTRIBUTION	NEW MEXICO OIL CO	NSERVATION COMMISSION	Form C-104
SANTA FE / REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-110	
FILE /	AND		Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURA	AL GAS
LAND OFFICE			***
TRANSPORTER GAS /			ADEU .
OPERATOR /			POFITHIAN
PRORATION OFFICE			/ MLULIVED \
Operator			D50
Jerome P. McHugh			UEC 1 9 1967
Box 234, Farmington	New Maxico 87401		OIL CON COM
Reason(s) for filing (Check proper box)	New Mexico 67401	Other (Please explain)	DIST 9
New Well	Change in Transporter of:		5.5 5
Recompletion	Oil Dry Gas		
Change in Ownership	Casinghead Gas Condens	sate	
If change of ownership give name			•
and address of previous owner			
I. DESCRIPTION OF WELL AND I	LEASE		
Lease Name	Well No. Pool Name, Including For	l l	
Roelofs	1 Basin Dakota	State, r	ederal or Fee Fed. SF 078415
Location		7.4001	114
Unit Letter N ; 92	Feet From The South Line	and 1480. Feet F	From The West
Line of Section 22 Tow	mship 29N Range 8W	, NMPM, S	an Juan County
Line of Section // Ton	2511		
I. DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	<u> </u>	
Name of Authorized Transporter of Oil	or Condensate X	Address (Give address to which t	approved copy of this form is to be sent)
Planeau, Inc. Name of Authorized Transporter of Cas	the state of the s	Box 108, Farmingto	n. N. M. approved copy of this form is to be sent)
		_	
El Paso Natural Gas	Unit Sec. Twp. Rge.	Box 990, Farmington Is gas actually connected?	When
If well produces oil or liquids, give location of tanks.	N 22 29N 8W	No	Soon
	h that from any other lease or pool,		
V. COMPLETION DATA			
Designate Type of Completion	n = (X)	New Well Workover Deepe	en Plug Back Same Nes V.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
7/26/67	8/31/67	7650'	7637'
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
6424' Gr.	Dakota	7352	7570
Perforations			Depth Casing Shoe
7352' - 7608'		COUENTING DECORD	7648'
	CASING & TUBING SIZE	CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	9 5/8 - 32 30	204	140
13 3/4" 8 3/4"	7" -17 & 20	3175	600 cu. ft.
6 1/4"	4 1/2 -11.68 10.5	7648	650 cu. ft
V. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be af	fter recovery of total volume of loc pth or be for full 24 hours)	ad oil and must be equal to or exceed top allow-
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump,	gas lift, etc.)
Date First New Oil Run 16 1 dikes	54.6 0. 100		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	<u> </u>		
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1			
2229 Testing Method (pitot, back pr.)	3 hrs Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	
One Point Back Pres	s. 2229	2229	8 3/4"
VI. CERTIFICATE OF COMPLIAN		11	ERVATION COMMISSION
		D.	EC 201967 . 19
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.		BY Original Signed by Emery C. Arnold SUPERVISOR DIST. #3	
This form is to be filed in compliance with RULE 1104.			
•	- «9an	To all the reservent for	allowable for a newly drilled or deepened
(Signature)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
Fngineer		All sections of this fo	orm must be filled out completely for allow-
(Title)		able on new and recomple	ted wells.
12/17/67 (Date)		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.	
· (D	ate)	Separate Forms C-10	4 must be filed for each pool in multiply
		Samplated weiter	