NO. DF COPIES RECEIVED						
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SANTA FE .						
FILE	Ι					
U.S.G.S.	i					
LAND OFFICE						
IRANSPORTER	OIL		L _			
-	GAS					
OPERATOR						
222217101105	T	(				

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Elfec

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

## AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

LAND OFFICE	··										
TRANSPORTER	GAS										
OPERATOR	0.3										
PRORATION OF	ICE										
Operator Jero	me P.	Mc	Hual	h							
Address											
				gton, N	M 8740	01		Other (Please			
Reason(s) for filing (	(Check p √√	roper	box)	Change	in Transp	orter of:		· '	ve June 1:	1980	
Recompletion		OII Dry Gas						2110001	10 Odile 1	, 1300	
Change in Ownership	<u></u>			Casing	head Gas	Conder	sate 🔀				
If change of owners	hip give	e nam	ie.								
and address of prev	ious ow	ner_								·	
DESCRIPTION O	F WEL	L A!	ND L	EASE.	la i Bool No	ime, Including Fe	ormation		Kind of Lease		Lease No.
Hardie				Well N	1	in Dakota	J4(1011		State, Federal	or Fee Fed	SF078416
Location						•					
Unit Letter C		;;	870	Feet i	rom The	North Lin	e and	580	Feet From T	he_West	
	26		Town	iship 29	ON	Range 8W		, NMPM			County
Line of Section			1041		211	OM		- <u></u>	<del> san vuar</del>	<del> </del>	
DESIGNATION O	F TRA	NSP	ORT	ER OF O	IL AND N	ATURAL GA	S Address /	Give address	to which approv	ed copy of this form	is to be sent)
Name of Authorized Basin,		rter or	011	۰۰ نــ	Condensat	° <del>XX</del>	P.0	. Box 229	97, Midlar	id, TX 79702	
Nome of Authorized	Transco	rter of	Casi	nghead Gas	or C	Dry Gas	Address	Give address	to which approv	ed copy of this form	is to be sent)
El Pa	so Nati	1101			17.	wp. P.ge.	le age go	tually connect	ed? When	· · · · · · · · · · · · · · · · · · ·	
If well produces oil a give location of tank		3,	i I	Unit ; S	Sec. ¦Tv	wp. , nge.	13 343 40	ically commen			
If this production is		ngled	   with	that from	any other	lease or pool,	give comm	ningling orde	r number:		
COMPLETION DA					TOIL Well	Gas Well	TNew Well		Deepen	Plug Back   Same I	Res'v. Diff. Res'v.
Designate Typ	e of C	ompl	etion	- (X)	i weii	1		1			
Date Spudded				Date Compl	. Ready to	Prod.	Total De	pth		P.B.T.D.	
				V - 1 D	-dustas Fo	rmation.	Top 011/0	Gas Pay		Tubing Depth	
Elevations (DF, RKE	3, RT, G	R, etc	:.)	Name of Pr	pancing Fo	imation	1000	042 ( 4)			
Perforations										Depth Casing Shoe	
					THRING	, CASING, AND	CENEN	TING RECOR	!D		
HOLE	\$17F		<del></del>	CASI		ING SIZE	CEMEN	DEPTH S		SACKS C	EMENT
11002											
							<del> </del>				
TEST DATA ANI	REQU	UEST	r FO	R ALLOY	VABLE	(Test must be a)	ter recover	y of total volu	me of load oil a	nd must be equal to	or exceed top allow-
OIL WELL Date First New Oil F				Date of Te		able for this de	Producing	Method (Flow	u, pump, gas lift	, etc.)	
Date First New Oil F	7di: 10 1	(1) <b>E</b> 3									
Length of Test				Tubing Pre	ssure		Casing P	iesem.e		Choke Size	!
Actual Prod. During	Test			Oil-Bble.			Water - Bt	ols.	<del></del>	Gas-MCF	
Actual Frod. During									<u></u>		
	-										
GAS WELL	ACF/D		7	Length of 7	rest .		Bbls. Co.	ndensate/MMC	Ė (	Gravity of Condens	at•
Actual 1.551 1.551 ii	,_		İ							Choke Size	
Testing Method (pito	t, back	pr.)		Tubing Pre	eeme (Spn	t-in)	Casing P	ressure (Shut	-1 <b>2</b> -1	Chore Sire	
	- CO	m I					1	OIL (	CONSERVA	TION CAMMISS	ION
CERTIFICATE 0	or CON	IPLI	ANU	£				•	JUN	TION SOUMISS	
I hereby certify the	t the ru	les a	nd re	gulations	of the Oil	Conservation	APPR		tioned by EDAN	IK T CHAVET	
Commission have been complied with and that the information given above is true and complete to the rest of my knowledge and belief.				BY							
( ) // ///					TITLESUPERVISOR DISTRICT # 3						
( ) // /// Mu					T	nis form is to	be filed in c	ompliance with RU	LE 1104.		
1'H. My						If this is a request for allowable for a newly drilled or despended					
Thomas A. Dugan Agent						aken on the	Mell in accord	TRUCA WITH HOLE	1111		
Agent					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.						
5-29-80											
			(Date	2)			II				