

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
OPERATOR	GAS
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-01-78
Format 06-01-83
Page 1RECEIVED
DEC 05 1985
OIL CON. DIV
DIST. 3REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Jerome P. McHugh	
Address P.O. Box 208 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 checked="" type="checkbox"/> Coalinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate
Effective June 1, 1985	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name John A. Brimhall	Well No. 1	Pool Name, including Formation Meadows Gallup	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>A</u> <u>860</u> Feet From The <u>North</u> Line and <u>380</u> Feet From The <u>East</u> Line of Section <u>10</u> Township <u>29N</u> Range <u>15W</u> , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Refining, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 256 Farmington, NM 87401	
Name of Authorized Transporter of Coalinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Texline Gas Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1980 Corpus Christi, TX 78403	
If well produces oil or liquids, give location of tanks.	Unit <u>A</u>	Sec. <u>10</u>
	Twp. <u>29N</u>	Rge. <u>15W</u>
	Is gas actually connected? <u>Yes</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.

Maxine Wheeler
Maxine Wheeler
Agent
12-4-85

(Signature)
(Title)
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 5 1985
BY Frank J. [Signature]
TITLE SUPERVISOR DISTRICT # 3

This form is to be filled 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 conditSeparate Forms C-104 must be filed for each pool in mult
completed wells.