

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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| LAND OFFICE            |  |
| TRANSPORTER            |  |
| OIL                    |  |
| GAS                    |  |
| OPERATOR               |  |
| 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 1

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

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)

|  |   |  |                        |
|--|---|--|------------------------|
| <input type="checkbox"/> New Well            | Change in Transporter of:               | <input type="checkbox"/> Dry Gas               | Other (Please explain) |
| <input type="checkbox"/> Recompletion        | <input type="checkbox"/> Oil            | <input checked="" type="checkbox"/> Condensate |                        |
| <input type="checkbox"/> Change in Ownership | <input type="checkbox"/> Casinghead Gas |  |                        |

Effective 2/1/88

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

## II. DESCRIPTION OF WELL AND LEASE

| Lease Name   | Well No. | Pool Name, Including Formation | Kind of Lease         | Lease No. |
|--------------|----------|--------------------------------|-----------------------|-----------|
| Emerald City | 1        | Basin Dakota                   | State, Federal or Fee | Fee       |

Location

Unit Letter F ; 1850 Feet From The North Line and 1850 Feet From The West

Line of Section 15 Township 31N Range 13W , 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"/>         | Address (Give address to which approved copy of this form is to be sent) |
| Giant Refining, Inc.   | 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"/> | Address (Give address to which approved copy of this form is to be sent) |
| Jerome P. McHugh (No Change)   | P.O. Box 809, Farmington, N.M. 87499                                     |
| If well produces oil or liquids, give location of tanks.   | Is gas actually connected? When  |
| Unit <u>F</u> Sec. <u>15</u> Twp. <u>31N</u> Rge. <u>13W</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.

(Signature)

(Title)

2/8/88

(Date)

OIL CONSERVATION DIVISION  
FEB 10 1988

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.

