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 rell name or number, or transporter, or other such change of condition to the Town C-104 norther filed for each reliable town.

COIXEM WENTO STATE

FIGY	AND	MIN	ERA	LS D	EFA	SH	MENT
			*1 (* 1 *				
	DIST	# IB	JTION				

OIL

GAS

SANTA FE

TRANSPORTER

DPERATOR PROBATION OFFICE

U.S.G.S. LAND OFFICE

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator						
Jerome P. McHugh						
Address						
P 0 Box 208, Farmi Reason(s) for filing (Check proper box)	ngton, NM 8/499	Other (Please explain)				
New Well X	Change in Transporter of:					
Recompletion	Oil Dry Gas					
Change in Ownership	Casinghead Gas Conden	Casinghead Gas Condensate				
If change of ownership give name						
and address of previous owner						
DESCRIPTION OF WELL AND I	LEASE					
Lease Name	Well No. Pool Name, including Fo		_			
Wright Way	1 Basin Dakota	State, Federa	l or Fee Fee			
Location						
Unit Letter C : 9F	Feet From The North Lin	e and 1680 Feet From	The West			
			D: A :1			
Line of Section 2 Tow	mship 24N Range	2W , NMPM,	Rio Arriba County			
	TOTAL OF OUR AND MATTIRAL CIA	e				
DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	or Condensate [A]	Address (Give address to which appro	ved copy of this form is to be sent)			
Giant Refining Name of Authorized Transporter of Cas	inghead Gas or Dry Gas X	P.O. Box 256, Farmington, NM 87499 Address (Give address to which approved copy of this form is to be sent)				
El Paso Natural Gas		P.O. Box 990, Farmington, NM 87499				
11 14	Unit Sec. Twp. Rge.	Is gas actually connected? Wh				
If well produces oil or liquids, give location of tanks.	C 2 24N 2W	No !				
	h that from any other lease or poon,	give commingling order number:	2-7367°			
COMPLETION DATA						
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
Designate Type of Completion		X				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
5-24-83	9-29-83	8185'	8]42 Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.)	l	Top Oil/Gas Pay	6392 Depth Casing Shoe			
7317' GL; 7329 RKB	<u> Dakota</u>	7865				
7865 - 8141'; 24 ho	ales		8182'			
7003 - 0141 , 24 110		CEMENTING RECORD	1 0102			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
121/4"	9-5/8"	245' RKB	147.5 cf slurry			
7-7/8"	45"	8182' RKB	2919 cf in 3 stgs + 118			
7-770	2-3/8"	6932' RKB	cf (squeeze)			
TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fier recovery of total volume of load oil	and must be equal to or exceed top allow			
OIL WELL	able for this de	pth or be for full 24 hours)				
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	iji, eicij			
		Casing Pressure	Choke Size			
Length of Test	Tubing Pressure	Cosing Pressure				
	0.0 2015	Water - Bbis.	Gas-MCF			
Actual Prod. During Test	Oil-Bbis.		·			
	<u> </u>					
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
54 MCFD	8 hrs	27 B/D	37° API (est.)			
Teating Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
Back pressure	50 psi	620 psi	2"			
		OIL CONSERVA	TION DIVISION			
CERTIFICATE OF COMPLIAN	CB.		TOCTA TUBE			
I hereby certify that the rules and t		APPROVED	, 19			
me the base compliant with	and that the information given	Original Status by FRALIK T. CHAVEZ				
above is true and complete to the	best of my knowledge and belief.	BY Unging Declar by Avilan	eyr even an maean 🖼 3			
		TITLE				
$\gamma \sim \gamma$		This form is to be filed in	compliance with RULE 1104.			

(Signature)

(Title)

Geologist

10-13-83