

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

4 NMOCD 1 McHugh 1 Kenai 1 Amoco 1 Giant 1 File

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Jerome P. McHugh & Assoc.

Address
P O Box 208, Farmington, NM 87499

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

Other (Please explain)

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DIST. 3

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Boyt & Lola	Well No. 1	Pool Name, Including Formation Gavilan Mancos	Kind of Lease State, Federal or Fee	Fee	Lease No. ----
Location					
Unit Letter <u>I</u> : <u>1850</u> Feet From The <u>South</u> Line and <u>790</u> Feet From The <u>East</u>					
Line of Section <u>11</u> Township <u>24N</u> Range <u>2W</u> , NMPM, Rio Arriba 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 87499				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 11	Twp. 24N	Rge. 2W	Is gas actually connected? No
When					

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.

Jim L. Jacobs (Signature)
Geologist (Title)
12-20-84 (Date)

OIL CONSERVATION DIVISION
APPROVED DEC 21 1984
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR 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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 10-14-84	Date Compl. Ready to Prod. 12-3-84		Total Depth 8250'		P.B.T.D. 8168'				
Elevations (DF, RKB, RT, GR, etc.) 7339' GL	Name of Producing Formation Mancos		Top Oil/Gas Pay 6720'		Tubing Depth 7033'				
Perforations 6720-7475', 51 holes						Depth Casing Shoe 8250'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"		9-5/8"		214'		159 cf			
8-1/2"		5-1/2"		8250'		2538 cf in 3 stages			
		2-7/8"		7033'					

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 11-24-84	Date of Test 12-3-84	Producing Method (Flow, pump, gas lift, etc.) Swabbing and flowing	
Length of Test 3 hrs	Tubing Pressure -0-	Casing Pressure 1050 psi SI	Choke Size ---
Actual Prod. During Test	Oil - Bbls. 144 BOPD	Water - Bbls. 120 BWP (frac fluid)	Gas - MCF 120 MCFD est.

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size