Separate Forms C-104 must be filed for each pool in multip.;

1 Kenai 1 Marmik

## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

	C14 L#	
DISTRIBUTI	04	
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATON.		
PRODATION OF	HCE	

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

Form C-104 Revised 10-01-78 Fermal 06-01-83 Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. AUTHORIZATION TO TRANS	PORT OIL AND NATURAL GAS
Operator	
Jerome P. McHugh	TAINING TO THE TAINING THE THE TAINING THE
Address	
P 0 Box 208, Farmington, NM 87499	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well Change in Transporter of:	ry Gas
	ondensate
Change in Generally	
If change of ownership give name	
and address of previous owner	
II. DESCRIPTION OF WELL AND LEASE	•
Lease Name Well No. Pool Name, Including F	
Boyt & Lola 2 Gavilan Mano	COS State, Federal or Fee Fee
Location	
Unit Letter D : 790 Feet From The North Lin	ne and :790 Feet From The West
10 041	
Line of Section 12 Township 24N Range	2W , NMPM, Rio Arriba County
W. DEGLOVERSON OF STREET, OF ON AND MARKET	
Name of Authorized Transporter of Cit X or Condensate	Address (Give address to which approved copy of this form is to be sent)
Giant Refining	Box 256, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas X or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas	P O Box 4990, Farmington, NM 87499
Unit Sec. Twp. Rge.	is gas actually connected? When
If well produces oil or liquids, give location of tanks.  D 12 24N 2W	No
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	OIL CONSERVATION DIVISION
	11
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED JUN 1 () 1985 19
been complied with and that the information given is true and complete to the best of my knowledge and belief.	Original Signed by FRANK T. CHAVEZ
any knowledge and bottom	SUPERVISOR DISTRICT # 3
	TITLE
	This form is to be filed in compliance with RULE 1104.
fat fur.	If this is a request for allowable for a newly drilled or deepens
Jim L. Jacobs (Signature)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111.
Geologist	All sections of this form must be filled out completely for allow
(Title)	able on new and recompleted wells.
6-6-85	Fill out only Sections I, II, III, and VI for changes of owner

completed wells.

Designate Type of Completi	ion - (X) Gas Well		epen Plug Back Same Res'v. Diff. Res	
	. ^^	XX		
Date Spudded	Plan to install pumpin	Total Depth	P.B.T.D.	
11-1-84	equipment 1-4-85	8125'	7810'	
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Otl/Gas Pay	Tubing Depth	
7298' GL; 7310' RKB	Mancos .	6778	7006' RKB	
Perforutions			Depth Casing Shoe	
6778 - <b>74</b> 56' Mancos			8125 '	
	TUBING, CASING, A	ND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
12-1/4"	9-5/8" OD	232 ' RKB	147.5 cf	
8-1/2"	5-1/2"	8125 '	1784 cf in 3 stages	
	2-7/8"	7006'	· · · · · · · · · · · · · · · · · · ·	
		<u> </u>		
. TEST DATA AND REQUEST OIL WELL	FOR ALLOWABLE (Test must be able for this	depth or be for full 24 hours;	load oil and must be equal to or exceed top allo	
			Producing Mathod (Flow, pump, gas lift, etc.)	
Dute First New Oll Hun To Tanks	Date of Test	Producing Mathod (Flow, pum,	p, gas tift, etc.)	
	1-10-85	Swabbing & flowi		
1-4-85	1-10-85			
1-4-85 ength of Tost		Swabbing & flowi	ng	
ength of Tool 4 hrs	Tubing Prossure	Swabbing & flowi	ng	
1-4-85 ength of Tost 4 hrs givel Prod. During Test	1-10-85 Tubing Prossure 40	Swabbing & flowi Casing Pressure 350	Choke Size	
1-4-85 ength of Tost 4 hrs givel Prod. During Test	1-10-85  Tubing Prossure 40 Oil-Bble.	Swabbing & flowi Casing Pressure 350 Water-Bbis.	Choke Size	
1-4-85  ength of Toot 4 hrs  situal Prod. During Test 25 BO, 15 BLW, 15 MCF	1-10-85  Tubing Prossure 40 Oil-Bble.	Swabbing & flowi Casing Pressure 350 Water-Bbis.	Choke Size	
1-4-85 ength of Tost	1-10-85  Tubing Prossure 40 Oil-Bble.	Swabbing & flowi Casing Pressure 350 Water-Bbis.	Choke Size	

