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STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OPERATOR	GAS
PROMOTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

3025/W
RECEIVED
MAY 08 1986
OIL CON. DIV.
DIST. 3

Form C-104
Revised 10-01-78
Format 06-01-83

I. Operator
JEROME P. McHUGH

Address
P O Box 809, 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)
● AMENDED REPORT

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Greener Grass	Well No. 1	Pool Name, including Formation Gavilan Mancos	Kind of Lease State, Federal or Fee	Lease No. ---
Location				
Unit Letter <u>J</u> ; <u>1850</u> Feet From The <u>South</u> Line and <u>1850</u> Feet From The <u>East</u>				
Line of Section <u>10</u> Township <u>24N</u> Range <u>2W</u> , NMPL, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

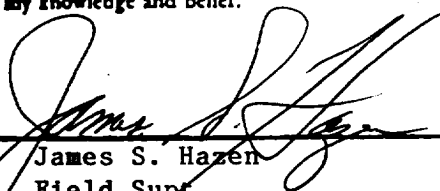
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Refining, Inc.	Address (Give address to which approved copy of this form is to be sent) P O Box 256, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Jerome P. McHugh	Address (Give address to which approved copy of this form is to be sent) P O Box 809, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Is gas actually connected?
Unit <u>J</u> Sec. <u>10</u> Twp. <u>24N</u> Rge. <u>2W</u>	Yes <u>3/3/86</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.

(Title)

5/8/86

(Date)

OIL CONSERVATION DIVISION

APPROVED MAY - 8 1986
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'tv.	Drill R
Date Spudded 6-30-85	Date Compl. Ready to Prod. 8-20-85*	Total Depth 8085' KB				P.B.T.D. 8042' KB		
Elevations (DF, RKB, RT, GR, etc.) 7255' GL	Name of Producing Formation Mancos	Top Oil/Gas Pay 6703'				Tubing Depth 7042' KB		
Perforations 6703-6932' 35 holes						Depth Casing Shoe 8084' KB		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-14"	9-5/8"		264/364' KB		171 cf class B w/ 2%			
7-7/8"	5-1/2"		8084' KB		3469 cu.ft. **			
	2-7/8"		7042' KB					

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 8-20-85*	Date of Test 3/12/86	Producing Method (Flow, pump, gas lift, etc.) Swab test; plan to install pumping unit	
Length of Test 10 hrs.	Tubing Pressure flowing 0	Casing Pressure 600 psi	Choke Size 2"
Actual Prod. During Test	Oil-Bbls. 168 BOPD	Water-Bbls. none	Gas-MCF 55 MCFGPD

GAS WELL

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

**788 cu.ft. on 1st stage & 2386 cu.ft. on 2nd stage, including foam cement.
Bradenhead valve failed during rig down & unloaded cement until valve could be replaced.
Cement loss volume unknown.
Later placed 295 cu.ft. with bradenhead squeeze.
Total cement volume 3469 cu.ft.