

4 NMOC 1 DE 1 Dugan 1 Southland 1 Ciniza

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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)
☒ New Well
☐ Recompletion
☐ Change in Ownership
 Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate
 Other (Please explain) APR 22 1985
CON. DIV.
Dist. 3

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Native Son	Well No. 3	Pool Name, including Formation Gavilan Mancos	Kind of Lease State, Federal or Fee Fed.	Lease No. NM 23038
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>33</u> Township <u>25N</u> Range <u>2 W</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"/> Ciniza Pipe Line Inc.	Address (Give address to which approved copy of this form is to be sent) P O Box 1887, Bloomfield, NM 87413
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 <u>I</u> Sec. <u>33</u> Twp. <u>25N</u> Rge. <u>2W</u>	Is gas actually connected? <u>No</u> 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.

James Hazen (Signature)
Field Supt. (Title)
(Date)

OIL CONSERVATION DIVISION

APPROVED APR 22 1985
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

IV. COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		XX		XX					
Date Spudded 1-17-85	Date Compl. Ready to Prod. 4-18-85 2-21-85			Total Depth 8075'			P.B.T.D. 7975'		
Elevations (DF, RKB, RT, GR, etc.) 7245' RKB	Name of Producing Formation Mancos			Top Oil/Gas Pay 6714'			Tubing Depth 7024' RKB		
Perforations 6714-7375', 50 holes							Depth Casing Shoe 8061' RKB		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	9-5/8"	237' RKB	147 cf
8-1/2"	5-1/2"	8061' RKB	2293 cf in 3 stages
	2 7/8	7024	

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 2-21-85	Date of Test 4-18-85	Producing Method (Flow, pump, gas lift, etc.) flowing	
Length of Test 3 hrs.	Tubing Pressure 50 psi	Casing Pressure 825 psi	Choke Size 2"
Actual Prod. During Test	Oil-Bbls. 512 BOPD	Water-Bbls. 48 BWPD (Frac Water only)	Gas-MCF 335 MCFD

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