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STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OCT 30 1985

OIL CON. DIV.  
DIST. 3

I.

Operator JEROME P. McHUGH	
Address P O Box 809, Farmington, NM 87499	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well	<b>CONFIDENTIAL</b>
<input type="checkbox"/> Recompletion	
<input type="checkbox"/> Change in Ownership	
Change in Transporter of:	
<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Horizon	Well No. 1	Pool Name, including Formation Gavilan Mancos	Kind of Lease State, Federal or Fee Fed	Lease No. NM 23032
Location				
Unit Letter 0 : 990 Feet From The South Line and 1850 Feet From The East				
Line of Section 2 Township 24N Range 2W, NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

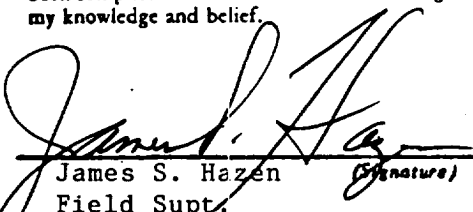
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Ciniza Pipe Line Inc.	Address (Give address to which approved copy of this form is to be sent) P O Box 1887, Bloomfield, NM 87413					
Name of Authorized Transporter of Casinghead Gas <input 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 0	Sec. 2	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.

  
James S. Hazen (Signature)  
Field Supt. (Title)  
10/29/85 (Date)

OIL CONSERVATION DIVISION

FEB 02 1986

APPROVED \_\_\_\_\_, 19\_\_\_\_  
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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		XX		XX					
Date Spudded 8/6/85	Date Compl. Ready to Prod. 10/1/85 (1st new oil)		Total Depth 8065'			P.B.T.D. 8013'			
Elevations (DF, RKB, RT, GR, etc.) 7253' GL	Name of Producing Formation Mancos		Top Oil/Gas Pay 6732'			Tubing Depth 6979'			
Perforations 6732-6967', Mancos 35 holes						Depth Casing Shoe 8058' KB			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
12-1/4"	9-5/8"		258' KB			159 cf slurry to surf.			
7-7/8"	5-1/2"		8058' KB			2741 cf in 3 stages			

#### 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 10/1/85	Date of Test 10/14/85	Producing Method (Flow, pump, gas lift, etc.) Swab test; plan to pump	
Length of Test 4 hrs.	Tubing Pressure 175 psi SI	Casing Pressure 1025 psi SI	Choke Size ---
Actual Prod. During Test	Oil - Bbls. 78 BOPD	Water - Bbls. (frac water only) 36 BWPD	Gas - MCF 312 MCFPD

#### 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