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STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OPERATOR	
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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

RECEIVED
SEP 16 1985
OIL CON. DIV.
DIST. 3

I. Operator
JEROME P. McHUGH

A. 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"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

Other (Please explain)
CONFIDENTIAL

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Loddy	Well No. #1	Pool Name, including Formation Gavilar Mancos	Kind of Lease State, Federal or Fee	Fee	Lease No. ---
Location Unit Letter <u>F</u> ; <u>1750</u> Feet From The <u>North</u> Line and <u>1750</u> Feet From The <u>West</u> Line of Section <u>20</u> Township <u>25N</u> Range <u>2W</u> , NMPM, <u>Rio Arriba</u> County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

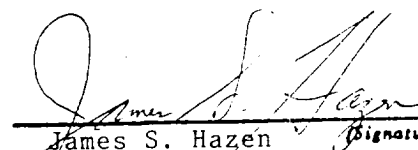
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Refining, Inc.	Address (Give address to which approved copy of this form is to be sent) P O Box 256, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> 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, Sec., Twp., Rge. <u>F</u> , <u>20</u> , <u>25N</u> , <u>2W</u>
Is gas actually connected?	When <u>No</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 (Signature)
Field Supt. (Title)
9-13-85 (Date)

OIL CONSERVATION DIVISION

APPROVED SEP 16 1985
BY Original Signed by FRANK CHAVEZ
TITLE SUPERVISOR DIST DIST # 3

This form is to be filed in compliance with RULE 1104.

If this is a request for a lowable 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 7-20-85	Date Compl. Ready to Prod. 8-30-85* 1st new oil		Total Depth 8175' KB		P.B.T.D. 8130' KB				
Elevations (DF, RKB, RT, GR, etc.) 7155' GL; 7167' KB	Name of Producing Formation Mancos		Top Oil/Gas Pay 6866'		Tubing Depth 7149' KB				
Perforations 6866-7122', 35 holes						Depth Casing Shoe 8170'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	9-5/8"		264'		211 cf				
7-7/8"	5-1/2"		8170'		2650 cf in 3 stages				
	2-7/8"		7149'						

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 8-30-85	Date of Test 9-10-85	Producing Method (Flow, pump, gas lift, etc.) flowing	
Length of Test 3 hrs.	Tubing Pressure 70 psi flowing	Casing Pressure 655 psi	Choke Size 2.0"
Actual Prod. During Test	Oil-Bbls. 420 BOPD	Water-Bbls. 4 BWPD	Gas-MCF 164 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