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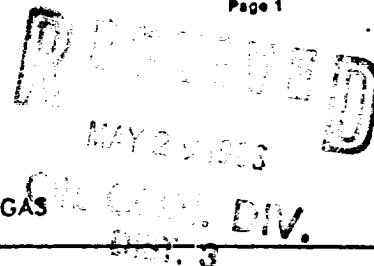
STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES DESIRED	
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U.S.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

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



I.

Operator JEROME P. McHUGH	
Address P O Box 809, Farmington, NM 87499	
Reason(s) for filing (Check proper box)	Effective
<input type="checkbox"/> New Well	<input type="checkbox"/> 6-1-86
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Condensate
Change in Transporter of:	Other (Please explain)
<input checked="" type="checkbox"/> Oil	Designate Gas Transporter
<input type="checkbox"/> Casinghead Gas	

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Beek's Babbit	Well No. 1	Pool Name, including Formation Gavilan Mancos	Kind of Lease State, Federal or Fee	Lease No. ---
Location Unit Letter <u>G</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u> Line of Section <u>17</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"/> Gary Energy Corp.	Address (Give address to which approved copy of this form is to be sent) P O Box 159, Bloomfield, NM 87413				
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.	Unit G	Sec. 17	Twp. 25N	Rge. 2W	Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

NOTE: Complete Part 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. Hazer  
James S. Hazer (Signature)  
Field Supt.  
5/30/86  
(Date)

OIL CONSERVATION DIVISION

APPROVED Frank J. [Signature] MAY 29 1986  
BY \_\_\_\_\_  
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 deviated 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 multiple completed wells.