

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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 1REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

NOV 13 1985

OIL CON. DIV.  
DIST. 3

I.

Operator  
JEROME P. McHUGHAddress  
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 ☐ Dry Gas  
☐ Casinghead Gas ☐ Condensate

Other (Please explain)

CONFIDENTIAL

If change of ownership give name  
and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Feek's Babbit	Well No. 1	Pool Name, including Formation Gavilan Mancos	Kind of Lease State, Federal or Fee	Lease No. Fee
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, 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 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. Is gas actually connected? When
G 17 25N 2W No	

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. Hazen  
Field Supt.

(Title)

11-11-85

(Date)

## OIL CONSERVATION DIVISION

APPROVED

NOV 13 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 allow-  
able 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 8-23-85	Date Compl. Ready to Prod. 10-15-85* (1st new oil)		Total Depth 8240'			P.B.T.D. 8190'			
Elevations (DF, RKB, RT, GR, etc.) 7224' GL	Name of Producing Formation Mancos		Top Oil/Gas Pay 6959'			Tubing Depth 7256'			
Perforations 6959-7237', Mancos						Depth Casing Shoe 8238' KB			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
12-1/4"	9-5/8"		262' KB			159 cf circ. to surf.			
7-7/8"	5-1/2"		8238' KB			2,584 cf in 3 stages			
	2-7/8"		7256' 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 10-15-85	Date of Test 11-5-85	Producing Method (Flow, pump, gas lift, etc.) Plan to flow.	
Length of Test 6 hrs.	Tubing Pressure 400 psi SI	Casing Pressure 1325 psi SI	Choke Size ---
Actual Prod. During Test	Oil - Bbls. 400 BOPD	Water - Bbls. 240 BWPD (Frac wtr.)	Gas - MCF 510 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