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STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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 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) Other (Please explain)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<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 Full Sail	Well No. 4	Pool Name, Including Formation Gavilan Mancos	Kind of Lease State, Federal or Fee Fed.	Lease No. NM 23039
Location				
Unit Letter <u>I</u> : <u>1420</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u>				
Line of Section <u>30</u> Township <u>25N</u> Range <u>2W</u> , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

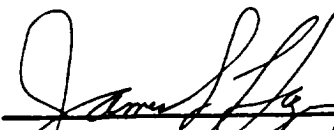
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Gary Energy Corp.	Address (Give address to which approved copy of this form is to be sent) P O Box 159, Bloomfield, NM 87413	
Name of Authorized Transporter of Casinghead Gas <input checked="" 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 I	Sec. 30
	Twp. 25N	Rge. 2W
	Is gas actually connected? No	

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)
4/10/87 (Date)

OIL CONSERVATION DIVISION

APPROVED APR 13 1987
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 XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
Date Spudded 11/9/86	Date Compl. Ready to Prod. 4/10/87		Total Depth 8096'		P.B.T.D. 8028'				
Elevations (DF, RKB, RT, GR, etc.) 7096' GL	Name of Producing Formation Gavilan Mancos		Top Oil/Gas Pay 6774'		Tubing Depth 7040'				
Perforations 6774-7021', 35 holes						Depth Casing Shoe 8090' KB			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	9-5/8"		252'		153 cf				
7-7/8"	5-1/2"		8090' KB		2452 cf in 3 stages				
	2-7/8"		7040'						

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 2/3/87	Date of Test 4/10/87	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 3 hrs.	Tubing Pressure 100 psi	Casing Pressure 525 psi	Choke Size ---
Actual Prod. During Test	Oil - Bbls. 48 BOPD	Water - Bbls. 112 BWPD (frac)	Gas - MCF 152 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