

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
DATE	
FILE	
F.B.U.S.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
REGISTRATION OFFICE	

Operator  
Jerome P. McHugh

Address  
P O Box 208, Farmington, NM 87401

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

Change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Apache	Well No. 5E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Apache	Jicarilla Apache	Lease No. Contract #98
Location Unit Letter <u>G</u> : <u>1660</u> Feet From The <u>North</u> Line and <u>1570'</u> Feet From The <u>East</u> Line of Section <u>17</u> Township <u>26N</u> Range <u>3W</u> , NMPM, <u>Rio Arriba</u> County					

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Giant Refining, Inc.	Address (Give address to which approved copy of this form is to be sent) Petroleum Plaza, Suite 238, Farmington, NM 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline Corp.	Address (Give address to which approved copy of this form is to be sent) P O Box 90, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
Date Spudded 5-14-81	Date Compl. Ready to Prod. 11-2-81	Total Depth 8281'	P.B.T.D. 8212'					
Elevations (DF, RKB, RT, GR, etc.) 7122' GL	Name of Producing Formation Dakota	Top Oil/Gas Pay 8016'	Tubing Depth 8097' RKB					
Perforations 8016-8191'	Depth Casing Shoe 8269'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	209' RKB	150 sx class B + CaCl
7-7/8"	4-1/2"	8269' RKB	2670 cu.ft.--3 stages

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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)

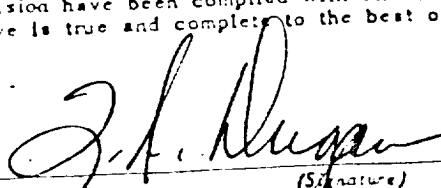
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas MCF - 1981 OIL CON. COM. DIST. 3

GAS WELL

Actual Prod. Test-MCF/D 574.5	Length of Test 3 hrs	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) one point back pr	Tubing Pressure (shut-in) 1498 psi	Casing Pressure (shut-in) 2335 psi	Choke Size 1/2" pos.

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 above is true and complete to the best of my knowledge and belief.

  
 (Signature) Thomas A. Dugan  
 Agent  
 (Title)  
 11-4-81  
 (Date)

OIL CONSERVATION DIVISION

NOV 6 - 1981

APPROVED \_\_\_\_\_  
 BY Original Signed by FRANK T. ORAVEZ  
 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 deviate tests taken on the well in accordance with RULE 111.  
 All sections of this form must be filled out completely for all wells 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 for each pool in multiple