

OIL CONSERVATION DIVISION

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

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LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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"/>	

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE		Lease No.
Lease Name Hardie	Well No. 5E	SF 078499A
Pool Name, Including Formation Basin Dakota		Kind of Lease State, Federal or Fee Fed
Location Unit Letter A : 820 Feet From The North Line and 1100 Feet From The East		
Line of Section 23 Township 28N Range 8W, NMPM, San Juan County		

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>		P O Box 1367, Farmington, NM 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Co.		P O Box 990, Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit A Sec. 23 Twp. 28N Rge. 8W	Is gas actually connected?	When
		No	

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

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
Designate Type of Completion - (X)			XX	XX					
Date Spudded 3-23-81	Date Compl. Ready to Prod. 6-2-81	Total Depth 7345' RKB		P.B.T.D. 7294					
Elevations (DF, RKB, RT, GR, etc.) 6242' GR	Name of Producing Formation Dakota	Top Oil/Gas Pay 7057'		Tubing Depth 7244' RKB					
Perforations 7057-69, 7145-51, 7218-85 total of 24 holes		Depth Casing Shoe 7345' RKB							

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	9-5/8"	218' RKB	125
8-3/4"	7"	3005' RKB	325
6-1/4"	4-1/2"	7345' RKB	375
	1-1/4"	7244' RKB	

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 allc
able 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

GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D 344	Length of Test 3 hrs	Casing Pressure (Shut-in) 2160 psi	Choke Size 5/8"
Testing Method (pilot, back pr.) one point back pressure	Tubing Pressure (Shut-in) 2160 psi		

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) Jim L. Jacobs
Agent
(Title)
7-10-81

OIL CONSERVATION DIVISION
JUL 17 1981
APPROVED
BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT # 3
TITLE

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 deviatl.
tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allo-
able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owne
number, or transporter, or other such change of conditio