

STATE OF NEW MEXICO
OIL AND MINERALS DEPARTMENT

5-NMOCDD 1-TWC 1-File

Form C-104
Revised 10-1-78

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 DESIRED

DISTRIBUTION

SANTA FE

FILE

U.S.G.S.

LAND OFFICE

TRANSPORTER

OIL

GAS

OPERATOR

PRODUCTION OFFICE

Operator

Jerome P. McHugh

Address

Box 208, Farmington, NM 87401

Reason(s) for filing (Check proper box)

New Well

Recompletion

Change in Ownership

Change in Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

Other (Please explain)

Effective June 1, 1981

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name

Hardie

Well No.

4

Pool Name, including Formation

Basin Dakota

Kind of Lease

State, Federal or Fee

Fed

SF

Lease No.

-78016

Location

Unit Letter

M

:

800

Feet From The

South

Line and

1190

Feet From The

West

Line of Section

24

Township

29N

Range

8W

NMPM,

San Juan

County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

Thriftway

or Condensate

XX

Address (Give address to which approved copy of this form is to be sent)

P.O. Box 1367, Farmington, NM 87401

Name of Authorized Transporter of Casinghead Gas

El Paso Natural Gas Co.

or Dry Gas

XX

Address (Give address to which approved copy of this form is to be sent)

P.O. Box 990, Farmington, NM 87401

If well produces oil or liquids, give location of tanks.

Unit

M

Sec.

24

Twp.

29N

Rge.

8W

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

New Well

Workover

Deepen

Plug Back

Same Res'v.

Diff. Res'

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Elevations (DF, RKB, RT, GR, etc.)

Name of Producing Formation

Top Oil/Gas Pay

Tubing Depth

Perforations

Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE

CASING & TUBING SIZE

DEPTH SET

SACKS CEMENT

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

Actual Prod. Test-MCF/D

Length of Test

Bbls. Condensate/MCF

Gravity of Condensate

Testing Method (pilot, back pr.)

Tubing Pressure (Shut-in)

Casing Pressure (Shut-in)

Choke Size

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.

Thomas A. Dugan, Agent

661-81

OIL CONSERVATION DIVISION

APPROVED

BY

TITLE

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepen-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-well name or number, or transporter, or other such change of conditic