

5-NMOCD 1-McHugh 1-Kenai 1-Giant 1-Ciniza 1-File

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

Operator Jerome P. McHugh	
Address P.O. Box 208, Farmington, NM 87499	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change of transporter
Change in Transporter of: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Condensate <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas	
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mother Lode	Well No. 1	Pool Name, Including Formation Gavilan Mancos	Kind of Lease State, Federal or Fee Fee	Lease No. --
Location Unit Letter H : 1730 Feet From The North Line and 860 Feet From The East Line of Section 3 Township 24N Range 2W, NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

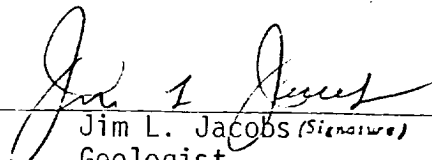
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Ciniza Pipeline, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1887 Bloomfield, NM 87413
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co. (No Change)	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 H Sec. 3 Twp. 24N Rge. 2W	Is gas actually connected? No When


If this production is commingled with that from any other lease or pool, give commingling order number: R-7365

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.

  
Jim L. Jacobs (Signature)  
Geologist  
(Title)  
(Date)

OIL CONSERVATION DIVISION  
12-6-84  
APPROVED  19  
BY  
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 1111.  
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 filled for each pool in multiply completed wells.