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U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROPATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110
Ellective 1-1-65

	U.S.G.S. LAND OFFICE TRANSPORTER OIL OIL OIL TRANSPORTER OIL OIL TRANSPORTER OIL TRANSPORTER OIL			3059 N 8 4		
	OPERATOR GAS			30.4-1		
1.	PRORATION OFFICE Operator		in the second			
	Jerome P. McHugh) ECRIVED -		
	PO Box 208, Fam Reason(s) for filing (Check proper bax)	mington, NM 87499	Other (Please explain) JUL 02 1984			
1	New Well	Change in Transporter of:		DIL CON. DIV.		
ļ	Recompletion '	Oil Dry Gas Casinghead Gas Conden	771	DIST. 3		
	If change of ownership give name and address of previous owner					
TO DESCRIPTION OF WELL AND LEASE						
•••	Native Son	Well No. Pool Name, Including Fo	State, Federa	Fodomal NW22020		
	Unit Letter A : 790' Feet From The North Line and 990 Feet From The East					
	Line of Section 34 Tow	vaship 25N Range	2W , NMPM, Rio	Arriba County		
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	Address (office address to			
	Giant Refining		Box 256, Farmington, NM 87499 Address (Give address to which approved copy of this form is to be sent)			
	Name of Authorized Transporter of Cas El Paso Natural Gas	singhead Gas X or Dry Gas	Box 4990, Farmington,	NM 87499		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge. A 34 25N 2W	no	ie:		
13/	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,		Plug Back 'Same Res'v. Diff. Res'v.		
3 V .	Designate Type of Completion	On = (X) Oil Well Gas Well XX	New Well Workover Deepen	Plug Basi Same Flos		
	Date Spudded 427-84	Date Compl. Ready to Prod.	Total Depth 8170 t	P.B.T.D. 7993'		
	Elevations (DF, RKB, RT, GR, etc., 7308' GL; 7320' RKB	Name of Producing Formation Mancos	Top Otl/Gas Pay 6765'	Tubing Depth 7419' RKB		
	Perforations 6765-7443' Mancos			Depth Casing Shoe		
	TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	sacks CEMENT 159 cf class "B"+2%CaC		
	12-1/4"	9-5/8" OD	229' RKB 8168'	2810 cf in 3 stages		
	7-7/8"	5-1/2" 2-7/8"	7419' RKB	1		
v	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	ifter recovery of total volume of load of epth or be for full 24 hours)	l and must be equal to or exceed top allow-		
٠.	OU WELL	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)		
	Date First New Oll Run To Tanks 6-2-84	6-7-84	swabbing & flowing			
	Length of Test	Tubing Prosecte	Casing Pressure	Choire Stze		
	4 hrs.	25 psi	600 psi	Gas - MCF		
	Actual Prod. During Test 33 BO, 54 MCF	198 BOPD	240 BLWPD	324 MCFD		
		,				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate AMCF	Gravity of Condensate		
	Teating Method (pitot, back pr.)	Tubing Pressurs (Shut-in)	Casing Pressure (Shut-in)	Chex. Siz.		
VI.	CERTIFICATE OF COMPLIAN					
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			APPROVED UZ 1904 , 19			
			Original Signed by FRANK T. CHAVEZ SUPERVISOR DISTRICT 事 3			
			TITLE			
			This form is to be filed in compliance with RULE 1104.			

(Signature)

5.4.

(Title)

Jim L. Jacobs

'Geologist'

6-27-84

If this is a request for allowable for a nawly drilled or despend 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.