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Form C-104
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Page 1STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION OIL CON. DIV.
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501
DIST. 9REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Jerome P. McHugh		CONFIDENTIAL
Address P O Box 809, Farmington, NM 87499		
Reason(s) for filing (Check proper box)		Other (Please explain)
<input checked="" type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Homestead Ranch	Well No. 2	Pool Name, including Formation Gavilan Mancos	Kind of Lease State, Federal or Fee	Lease No. ---
Location Unit Letter <u>N</u> : <u>990</u> Feet From The <u>South</u> Line and <u>1850</u> Feet From The <u>West</u> Line of Section <u>34</u> Township <u>25N</u> Range <u>2W</u> , NMPM, <u>Rio Arriba</u> 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 Pipe Line 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"/> Northwest Pipeline Corp.	Address (Give address to which approved copy of this form is to be sent) 3539 E 30th St., Farmington, NM 87401			
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 34	Twp. 25N	Rge. 2W
	Is gas actually connected?		When	
	No		As soon as possible	

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

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.


James Hazen (Signature)
Field Supt. (Title)
5/21/85 (Date)

OIL CONSERVATION DIVISION
MAY 23 1985
APPROVED _____
BY _____ Original Signed by FRANK T. CHAVEZ
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 111.All sections of this form must be filled out completely for allow-
able 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 filed for each pool in multiply
completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 2-5-85	Date Compl. Ready to Prod. 4-15-85		Total Depth 7950'		P.B.T.D. 7898'				
Elevations (DF, RKB, RT, CR, etc.) 7210' GL; 7222' RKB	Name of Producing Formation Mancos		Top Oil/Gas Pay 6698'		Tubing Depth 6954' KB				
Perforations 6698-6946' KB, 35 holes					Depth Casing Shoe 7947' KB				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	9-5/8"		229' KB		147.5 cf				
8-1/2"	5-1/2"		7947' KB		2294 cf in 3 stages				
	2-7/8"		6954' KB						

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 4-15-85	Date of Test 5-16-85	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 3 hrs.	Tubing Pressure 72 psi	Casing Pressure 725 psi	Choke Size 2"
Actual Prod. During Test	Oil-Bbls. 700 BOPD	Water-Bbls. 4 BWPD (frac water only)	Gas-MCF 260 MCF/GPD

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size