

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-01-78
Format 06-01-83
Page 1REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Jerome P. McHugh

Address P O Box 208, Farmington, NM 87499

Reason(s) for filing (Check proper box)

☒ New Well ☐ Recompletion ☐ Change in Ownership

Change in Transporter of:

☐ Oil ☐ Dry Gas ☐ Condensate

Other (Please explain)

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Twilight Zone</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Gavilan Mancos Ext.</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM 23034</u>
Location				
Unit Letter <u>J</u>	: <u>1850</u>	Feet From The <u>South</u>	Line and <u>1850</u>	Feet From The <u>East</u>
Line of Section <u>12</u>	Township <u>24N</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"/> <u>Giant Refining</u>	Address (Give address to which approved copy of this form is to be sent) <u>P O Box 256, Farmington, NM 87499</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>El Paso Natural Gas</u>	Address (Give address to which approved copy of this form is to be sent) <u>P O Box 4990, Farmington, NM 87499</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>J</u>	Sec. <u>12</u>
	Twp. <u>24N</u>	Rge. <u>2W</u>
	Is gas actually connected? <u>No</u>	When

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.

Jim L. Jacobs
(Signature)
Geologist
(Title)
6-6-85
(Date)

OIL CONSERVATION DIVISION
6-21-85
APPROVED JUN 21 1985

BY Original Signed by FRANK J. CHAVEZ

TITLE SUPERVISOR DISTRICT # 8

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		XX		XX					
Date Spudded 11-18-84	Date Compl. Ready to Prod. Ready to Install Pumping Equipment 1-15-85		Total Depth 8150'			P.B.T.D. 8104'			
Elevations (DF, RKB, RT, GR, etc.) 7355' GL; 7367' RKB	Name of Producing Formation Mancos		Top Oil/Gas Pay 6819'			Tubing Depth 7105'			
Perforations 6819' - 7563' Mancos						Depth Casing Shoe 8148'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	9-5/8" OD	233' RKB	147 cf
8-1/2"	5-1/2"	8148'	2313 cf in 3 stages
	2-7/8"	7105' RKB	

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 1-15-85	Date of Test 1-21-85	Producing Method (Flow, pump, gas lift, etc.) Swabbing and flowing	
Length of Test 8 hrs	Tubing Pressure 40	Casing Pressure 600	Choke Size ---
Actual Prod. During Test 45 BO, 23 MCF, 30 BLW	Oil - Bbls. 135 BOPD	Water - Bbls. 90 BLWPD	Gas - MCF 69 MCFD

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

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