

5 NMOCD

1 DE

1 Dugan

1 Southland/Meridian

2 NWPL

1 File

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
JUN 25 1986  
OIL CON. DIV. 3

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator JEROME P. McHUGH	
Address P O Box 809, 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	Designation of Gas Transporter and 1st delivery of gas on an oil well*
Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Native Son	Well No. 3	Pool Name, including Formation Gavilan Mancos	Kind of Lease State, Federal or Fee Fed.	Lease No. NM23038
Location Unit Letter <u>I</u> ; <u>1850</u> Feet From The <u>South</u> Line and <u>790</u> Feet From The <u>East</u> Line of Section <u>33</u> Township <u>25N</u> Range <u>2W</u> , NMPM, <u>Rio Arriba</u> County				

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

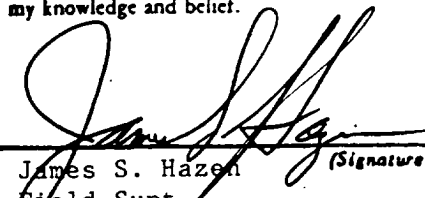
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Ciniza Pipe Line, Inc. (no change)	Address (Give address to which approved copy of this form is to be sent) P O Box 1887, Bloomfield, NM 87413
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Jerome P. McHugh	Address (Give address to which approved copy of this form is to be sent) P O Box 809, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. I 33 25N 2W
Is gas actually connected?	When Yes * 6/24/86

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

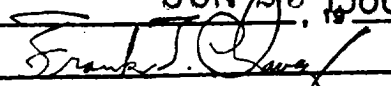
NOTE: Complete Parts IV and V on reverse side if necessary.

## 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 S. Hazen (Signature)  
Field Supt. (Title)  
6/24/86 (Date)

## OIL CONSERVATION DIVISION

APPROVED  JUN 25 1986  
BY \_\_\_\_\_  
SUPERVISOR DISTRICT 3

TITLE \_\_\_\_\_  
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 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 filed for each pool in multiply completed wells.