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STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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

RECEIVED
DEC 22 1986
OIL CON. DIV.
DIST. 3

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	Effective 1/1/87
Change in Transporter of: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Casinthead 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 Full Sail	Well No. 3	Pool Name, including Formation Gavilan Mancos	Kind of Lease State, Federal or Fee Fed.	Lease No. NM23039
Location Unit Letter <u>F</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>1850</u> Feet From The <u>West</u> Line of Section <u>29</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 Casinthead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Jerome P. McHugh (No change)	Address (Give address to which approved copy of this form is to be sent) P O Box 809, Farmington, NM 87499-0809	
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 29
	Twp. 25N	Rge. 2W
	Is gas actually connected? Yes	

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.

Fran Perrin
Fran Perrin (Signature)
Reports Supv.
(Title)
12/19/86
(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

TITLE

SUPERVISOR DISTRICT # 3

DEC 22 1986

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.