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STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

3080/12
RECEIVED
APR 09 1986
OIL CON. DIV.
DIST. 3

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

I.

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

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Janet	Well No. 3	Pool Name, including Formation Gavilan Mancos	Kind of Lease State, Federal or Fee	Fee	Lease No. ---
Location					
Unit Letter <u>E</u> ; <u>1850</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>West</u>					
Line of Section <u>21</u> Township <u>25 N</u> Range <u>2 W</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"/> Giant Refining, Inc.	Address (Give address to which approved copy of this form is to be sent) P O Box 256, Farmington, NM 87499	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Jerome PL 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 <u>E</u>	Sec. <u>21</u>
	Twp. <u>25N</u>	Rge. <u>2W</u>
Is gas actually connected?		When
Yes		4/4/86

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)
4/8/86 (Date)

OIL CONSERVATION DIVISION
APPROVED AUG 07 1986
BY _____ Original Signed by FRANK T. CHAVEZ
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.

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 10-16-85	Date Compl. Ready to Prod. 12-18-85*		Total Depth 8084' KB			P.B.T.D. 8021'			
Elevations (DF, RKB, RT, GR, etc.) 7202' GL; 7214' KB		Name of Producing Formation Mancos		Top Oil/Gas Pay 6839			Tubing Depth 7132' KB		
Perforations 6839-7121', 40 holes							Depth Casing Shoe 8084' KB		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
12-1/4"		9-5/8"		255'			165 cf		
7-7/8"		5-1/2"		8084' KB			3239 cf in 3 stages		
		2-7/8"		7132' 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 *12-18-85	Date of Test 3-20-86	Producing Method (Flow, pump, gas lift, etc.) Swab test - plan to pump	
Length of Test 8 hrs.	Tubing Pressure 100 psi	Casing Pressure 500 psi	Choke Size 2"
Actual Prod. During Test	Oil - Bbls. 105 BOPD	Water - Bbls. 45 BW (frac only)	Gas - MCF 60 MCFGPD

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