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l Amoco, Fmn

1 File

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## STATE OF NEW MEXICO

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NERGY	CMA	MINERALS	DEPART	MEN.

<b>00. 07</b> (07:40 044	11450		
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRAMSPORTER	OIL		
	GAB	•	
OPERATOR			
PROBATION 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

GAS .		REQU	JEST FO	R ALLOWABLE			
OPERATOR			-	ND .			
PROBATION OFFICE	AUTHORI	ZATION TO	TRANS	PORT OIL AND NATURAL	GAS		
<u>I.</u>							
Operator		•					
JEROME P. McHUGH							
Address	****	0.0					
P O Box 809, Farmingto		99 .			·		
Reason(s) for filing (Check proper box	r)			Other (Please expl	ain)		
New Well	Change in	Transporter o	·" —	lst Deliver	y of Gas on an Oil	Well**	
Recompletion	i on		<u></u> :	ry Gas	,		
Change in Ownership	Costno	phead Gas	و ليا	ondensate .			
If change of ownership give name and address of previous owner	•			•			
II. DESCRIPTION OF WELL AN	D LEASE						
Lease Name	Well No.	Pool Name, It	ncluding f	ormation Kind	of Lease	Lease No.	
Lady Luck	$\cdot$   1	Gavil	an Ma	ncos State	Fee Fee	<u> </u>	
Location				•			
Unit Letter A : 790	) Feet Froπ	The Nor	th Li	ne and <u>790</u> Fe	et From The East		
Onit Colles					<del></del>		
Line of Section 5	waship 24N	F	Range	2W , NMPM,	Rio Arriba	County	
III. DESIGNATION OF TRANS	PORTER OF C	IL AND N	ATURA	L GAS			
Name of Authorized Transporter of Of	XX or Co	ndensate 🗀		Address (Give address to whi	ich approved copy of this form t	is to be sent)	
Gary Energy Corp.				P O Box 159, Bloom	mfield, NM 874 <u>13</u>		
Name of Authorized Transporter of Co	singhead Gas 💢	or Dry Go	is []	Address (Give address to whi	ich approved copy of this form i	is to be sent)	
Jerome P. McHugh				P 0 Box 809, Farm	ington. NM 87499		
	Unit Sec.	Twp.	Rge.	Is gas actually connected? When			
If well produces oil or liquids, give location of tanks.	A 5	24N	. 2W	Yes	6-16-86**		
<u> </u>					han		
If this production is commingled w	ith that from any	other lease	or boor	give comminging order num	Det:	<del></del>	
NOTE: Complete Parts IV and	V on reverse si	de if necess	ary.				
TOTAL Complete Land I.				11			
VI. CERTIFICATE OF COMPLIA	INCE			II OIL CONS	SERVATION DIVISION	_	
		-1 <b>D</b> 1	L		11IN 2A	1986	
I hereby certify that the rules and regulat been complied with and that the informat	ions of the Oil Col	iservation Div	ision nave the best of	APPROVED		_	
my knowledge and belief.	ion given is true and	1 complete to	5.50, 51	BY			
		-			SUPERVISOR OU	~/	
				TITLE	SUPERVISOR DIS	21/4/01 # 3	
				77-10 form 10 to be 6	liled in compliance with RU		
In Sta				11	for allowable for a newly dr		
James Wildzen Sign	atwe)			well, this form must be	accompanied by a tabulation	n of the deviati	
Field Supt.				tests taken on the well	in accordance with RULE	111.	
	tie)			All sections of this	form must be filled out com	pletely for allo-	
6-20-86		na yes	٤.	able on new and recomp		hanna at a	
U-2U-0U	1040 FM FT W	M 1 1	11	Fill out only Section well name or number, or t	ons I, II, III, and VI for chraneporter, or other such cha	nenges of condition	
444	TECEL	A m !!	1	<b>11</b>	.04 must be filed for each		
126		L	wer .	completed wells.		A	

OIL CON. DIV.