S	TATE	OF	NEW	MEXIC	כ
ENERGY	AND	MIN	ERALS	DEPAR	TMENT

00. 00 C001C0 BEE	41780		
DISTRIBUTI	OM		
SANTA PE		\Box	
FILE			
U.S.G.A.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAB		
OPERATOR .			
PROBATION OF	HC#		

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

U.S.G.S.					SAIVIA		** !!! = /		- 10% 70 (10) (10)	IVE	H
LAND OFFICE	,								一门作家		H
TRANSPORTER	OIL				20	~ · · · · · · ·	NO 41 1 OV	4401 E			<i>)</i>
OPERATOR	GAB	╌┼╾┤			KE	QUEST FO		ABLE.	. 111/2	71007	_
PROBATION OF	ICE	H		*****			AND	AND MATE	DAL CAS MARZ	71987	
		·	•	AUTHOR	IZATION	IU IKAN	SPURIUM	L AND NATU	KAL GAS	Si DIV.	• .
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	Бр∪м	י סים	McHUGH						2*443	51. 3	
	EKUI	E F.	ichogn		 				7/4		
Address					O.7						
		_	9, Farmi	ington,	NM 8/	499				 	
Reason(s) for fi	ling (heck pro	per box)					Other (Pleas	e explain)		
New Well				Change in	Transport	er of:					
Recomplets	00			O11		r	Dry Gas	lst del	livery of gas	on an oil	well
Change in	Owners	hio		Cast	nghead Gas	. 🗆	Condensate	3/	/24/87		
											
If change of ov	nersh	ip give	name								
and address of											
II. DESCRIPT	ION	OF WE	<u>LL AND L</u>	EASE	DI No-	, including	Formation		Kind of Lease		Lease No.
Lease Name				Well No.					State, Federal or Fee	Fee	
High Ad	vent	ure		2	Ga	ivilan M	ancos		State, redetat of rea	166	J
Location											
Unit Letter_	M		790	Feet Fro	m The	South L	ine and	990	Feet From The	West	
Unit Letier_		 :		_							
		9	Townsh	25N		Range	2W	, NMPN	, Rio Arrib	a	County
Line of Sect	101										
W DECICAL	. 7701	v or m	D A NICHOD	TED OF	OIT AND	NIATTIDA	TGAS				
III. DESIGNA	THO	V OF 1	KANSPUR	1EK OF V	Ondensate	TIATUM	Address	(Give address	to which approved cop	y of this form is t	o be sent)
				0. 0	0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Bloomfield, N		
Gary En									to which approved cop		o he cent!
Name of Author	ized T	ransporte	r of Casingt	ead Gas 🗓	y or Dry	Gas 🗀	1				o ve sem,
Jerome	P. M	cHugh			•	•	P 0	Box 809,	Farmington, N	M 8/499	
			Un	II Sec	Twp.	Rge.	is gas a	ctually connect	ed? When		
If well produce			1	M i 9	: 25	5N ; 2W	Yes		' 1	/22/87	
give location o										<u> </u>	
If this producti	on is	commin	gled with th	at from an	y other le	ase or pool	, give com	mingling orde	r number:		·
NOTE: Com	plete	Parts 1	and V of	reverse s	iue ij nec	essary.					
				 -					CONSERVATION	DIVISION	
VI. CERTIFIC	ATE	OF CO	MPLIANC	Ľ						-	07 1007
I hereby certify th		nules and	regulations o	f the Oil Co	nservation	Division have	APPR	OVED		MAK.	2 <u>,7 1987</u>
I hereby certify to been complied wi	th and	that the it	icguiations c	ven is true at	nd complete	to the best of	f ' ' ' ' ' '		<u> </u>	(47)	
pecu combuca wi		**	ъ.		•		- Al		5 March 1	1 Xune /	

my knowledge and belief.

	I Han-	
James S. Hazer Field Supt.	(Sletterwe)	
3/25/87	(Title)	
	(Date)	

APPROVED		MAR 2.7	198/
RY	Trans	2). Yaya	
TITLE		SUPERVISOR DUSTRICT	1 3

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.

Designate Type of Completi	on - (X)	Oil Well	Ga	Well	New Well	Workover	Deepen	Plug Back	Same Restv	Diff. A
Date Spudded	Date Compi	Ready to Pr	od.		Total Depth	<u> </u>	1	 	<u> </u>	<u>.</u>
Floretto- (D.F. B. ()		<u> </u>						P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.;	Name of Pro	ducing Form	otion		Top Oll/Gas	Pay		Tubing Dep	th	
Perforations	<u> </u>				<u> </u>					
		_						Depth Casir	ng Shoe	
WO. 5 4455	1	TUBING, C	ASIN	G, AND	CEMENTIN	G RECORD)	<u></u>		
HOLE SIZE	CASIN	G & TUBIN	G SIZ	E		DEPTH SE		SA	CKS CEMEN	iT.
										· · · · · · · · · · · · · · · · · · ·
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	<u> </u>									
								1		
. TEST DATA AND REQUEST OIL WELL	FOR ALLOV	VABLE (T	et mu	et be afi	er recovery o	total volume	of load oil	and must be so	ual to or area	ad top a
. TEST DATA AND REQUEST OIL WELL Date First New Oil Run To Tanks	FOR ALLOV	VABLE (Ta	et mu le for	et be afi this dep					ual to or exce	ed top a
oate First New Oil Run To Tanks	Date of Test		et mu le for	et be afi this dep	ter recovery op th or be for fu Producing Me				ual to or exce	ed top a
oate First New Oil Run To Tanks			est mu le for	et be afi		thod (Flow,			ual to or exce	ed top a
. TEST DATA AND REQUEST OIL WELL Date First New Oil Run To Tanks .ength of Teet	Date of Test		est mu la for		Producing Me	thod (Flow,		Choke Size	ual to or exce	ed top a
ength of Teet	Date of Test Tubing Press		est mu la for		Producing Me	thod (Flow,		(i, etc.)	ual to or exce	ed top a
etual Prod. During Test	Date of Test Tubing Press		et mu le for		Producing Me	thod (Flow,		Choke Size	ual to or exce	ed top a
ength of Teet etual Prod. During Test AS WELL	Date of Test Tubing Press Oil-Bbis.	we	es mu		Producing Me Casing Press Water-Bbis.	thed (Flow,)		Choke Size	ual to or exce	ed top a
ength of Teet etual Prod. During Test AS WELL	Date of Test Tubing Press	we	est mu la for		Producing Me	thed (Flow,)		Choke Size		ed top a
ength of Teet etual Prod. During Teet AS WELL etual Prod. Teet-MCF/D	Date of Test Tubing Press Oil-Bbis.	ure			Producing Me Casing Press Water-Bbis.	ure	pump, gas li	Chake Size Gas-MCF		ed top a