5 OCC 1 NCH	ugh 1 Mobil 1 File					
DISTRIBUTION /		CONSERVATION COMM	ISSION	Form C-104 Supersedes Old C-104 and C-119		
FILE /	REQUEST	REQUEST FOR ALLOWABLE AND				
U.S.G.S.	AUTHORIZATION TO TRA		NATURAL GAS			
LAND OFFICE	_					
TRANSPORTER GAS /						
OPERATOR /	_					
Operator						
Jerone P. Mcnugh	N 45 07401					
Box 234, Farmington Reason(s) for filing (Check proper bo		Other (Pleas	e explain)			
New Well	Change in Transporter of:					
Recompletion	Oil Dry Go	as 🔲				
Change in Ownership	Casinghead Gas Conde	nsate				
If change of ownership give name and address of previous owner						
DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	Cormation	Kind of Lease	Lease No.		
Jicarilla A	3 Basin Dakota		State, Federal or F	ee Ind. Cont. 98		
Location Unit Letter / D ; 99	00 _ Feet From Thenorth_Lin	ne and <b>9</b> 90	Feet From The	west		
10	ownship 25N Range	3W , NMPN	– 4 Rio Ari	cina County		
			7 1110 7111	104		
DESIGNATION OF TRANSPOL Name of Authorized Transporter of C	RTER OF OIL AND NATURAL GA	AS Address (Give address	to which approved co	opy of this form is to be sent)		
Plateau. Inc.	asinghead Gas or Dry Gas	Box 103 Farmington, N. H. Address (Give address to which approved copy of this form is to be sent)				
El Paso Natural Gi		box 990 Far				
If well produces oil or liquids,	Unit Sec. Twp. Rge.	1	ted? When			
If this production is commingled w	vith that from any other lease or pool,	Yes give commingling orde	er number:			
COMPLETION DATA	Oil Well Gas Well	New Well Workover		g Back   Same Res'v. Diff. Res'v.		
Designate Type of Complet	ı <u></u>	Total Depth	1 1	3.T.D.		
Date Spudded 5/3/59	Date Compl. Ready to Prod. 7/11/69	3100'	F.L	8 <b>07</b> 0 '		
Elevations (DF, RKB, RT, GR, etc.)		Top Oil/Gas Pay	Tuk	oing Depth		
7007' Gr.	Dakota	73 <b>76'</b>	Dev	3003 toth Casing Shoe		
Perforations 7876' - 38'. 8010	' - 14', 8020' - 24', 805	50' <b>-</b> 58'	De	8390 t		
	TUBING, CASING, AN	ID CEMENTING RECO		OA OVO CEMENT		
HOLE SIZE	CASING & TUBING SIZE  8 5/8"	211 °	SET	SACKS CEMENT		
7 7/8"	5 1/2"	3090		1300 cu. ft.		
, , , ,	1 1/4"	80031				
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be	after recovery of total voi lepth or be for full 24 hou	ume of load oil and m	nust be equal to or exceed top allow		
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flo		er receive		
Length of Test	Tubing Pressure	Casing Pressure	Ch	oke/Size		
Feudin or 1 ear				/ multiple falls		
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gα	OCT 1 0 1969		
				UIL CON. COM.		
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MM	CF Gre	avity of Condensate		
820	Tubing Pressure (Shut-in)	Casing Pressure (Shu	t-12) (Ch	oke Size		
Testing Method (pitot, back pr.)  Back press.	Tubing Pressure (Shut-in)	Cosing Pressure ( Date	ic-in,	3/4"		
CERTIFICATE OF COMPLIA		OIL	CONSERVATIO	ON COMMISSION		
•		APPROVED		OCT 1, 79 1969		
I hereby certify that the rules an Commission have been complied	Original	Original Signed by Emery C. Arnold				
above is true and complete to	the best of my knowledge and belief	. BA	SUPER	VISOR DIST. #3		
		TITLE		Sliance with RULE 1104.		
Original signed	by T. A. Daga <b>n</b>	To this is a re	quest for allowable	for a newly drilled or deepened		
·	gnature)	well, this form mu tests taken on the	est be accompanied well in accordance	by a tabulation of the deviation be with RULE 111.		
Engineer	. <u></u>	- 11	of this form must be	e filled out completely for allow		

(Title)

10/9/69

## OIL CONSERVATION COMMISSION

A	ROVED			ncī 1 7969			
	Original		by	Ernery	_		
<b>D</b> T_				ERVISO			
TITI	E .						

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.