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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Jerome P. McHugh

Address Box 208, Farmington, NM 87401

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Effective June 1, 1981
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE		Kind of Lease	Lease No.
Lease Name <u>Apache</u>	Well No. <u>3</u>	<u>Jic. Apache</u> State, Federal or Fee <u>Ind. Cont.</u>	<u>98</u>
Pool Name, Including Formation <u>Basin Dakota</u>			
Location			
Unit Letter <u>D</u>	<u>990</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>West</u>		
Line of Section <u>19</u>	Township <u>26N</u>	Range <u>3W</u>	County <u>NMPM, Rio Arriba</u>

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>		<u>P.O. Box 1367, Farmington, NM 87401</u>
<u>Thriftway</u>		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)
<u>Northwest Pipeline Corp.</u>		<u>P.O. Box 90, Farmington, NM 87401</u>
If well produces oil or liquids, give location of tanks.	Unit <u>D</u> Sec. <u>19</u> Twp. <u>26N</u> Rge. <u>3W</u>	Is gas actually connected? <input type="checkbox"/> When _____

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res't
Designate Type of Completion - (X)									
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Elevations (DF, RAB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
Perforations		Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL		(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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	

GAS WELL		Bbls. Condensate/MMCF	
Actual Prod. Test - MCF/D	Length of Test	Casing Pressure (Shut-in)	
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Shut-in	

CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION JUN 19 1981
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	APPROVED _____, 19____
<u>Thomas A. Dugan, Agent</u> (Signature) (Title)	BY <u>Original Signed by FRANK T. CHAVEZ</u>
6-1-81	TITLE <u>SUPERVISOR DISTRICT # 3</u>
	This form is to be filed in compliance with RULE 1108.
	If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.
	All sections of this form must be filled out completely for all wells on new and recompleted wells.
	Fill out only Sections I, II, III, and VI for changes of owner name or number, or transporter, or other such change of condition.