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STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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| PRORATION 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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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 |

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|--|--|-----------------------|
| Lease Name Wildfire | Well No. 1 | Pool Name, including Formation Gavilan Mancos | Kind of Lease State, Federal or Fee Fed. | Lease No. NM 28811 |
| Location | | | | |
| Unit Letter N : 900 Feet From The South Line and 1650 Feet From The West | | | | |
| Line of Section 26 Township 26N Range 2W, NMPM, Rio Arriba County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

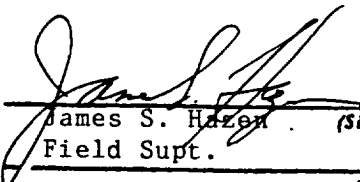
| | | |
|--|---|------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Gary Energy Corp. | Address (Give address to which approved copy of this form is to be sent) P O Box 159, Bloomfield, NM 87413 | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Jerome P. 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 N | Sec. 26 |
| | Twp. 26N | Rge. 2W |
| | Is gas actually connected? When No | |

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

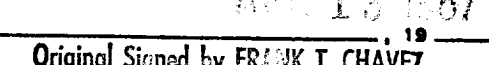
NOTE: Complete Parts IV and V on reverse side if necessary.

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.
4/10/87 (Date)

OIL CONSERVATION DIVISION

APPROVED 
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT # 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.

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' |
| Date Spudded 10/18/86 | Date Compl. Ready to Prod. 4/10/87 | | Total Depth 8605' | | | P.B.T.D. 8496' | | | |
| Elevations (DF, RKB, RT, GR, etc.) 7715' GL | Name of Producing Formation Gavilan Mancos | | Top Oil/Gas Pay 7348' | | | Tubing Depth 7668' KB | | | |
| Perforations 7348-7656', 35 holes | | | | | | Depth Casing Shoe 8600' KB | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | | SACKS CEMENT | | | |
| 12-1/4" | 9-5/8" | | 264' KB | | | 177 cf | | | |
| 7-7/8" | 5-1/2" | | 8600' KB | | | 3534 cf in 3 stages | | | |
| | | | | | | + 1572 cf pumped down | | | |
| | 2-7/8 | | 7668' KB | | | bradenhead | | | |

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 1/5/87 | Date of Test 4/10/87 | Producing Method (Flow, pump, gas lift, etc.) Flowing | |
| Length of Test 3 hrs. | Tubing Pressure 180 psi | Casing Pressure 575 psi | Choke Size --- |
| Actual Prod. During Test | Oil - Bbls. 81.6 BOPD | Water - Bbls. 160 BWPD | Gas - MCF 120 MCFGPD |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size |