

3039/W

Form C-104  
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FEB 26 1988

OIL CON. DIV.

DIST. 3

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

I. Operator  
JEROME P. McHUGH

Address  
P O Box 809, Farmington, NM 87499

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

Other (Please explain)

If change of ownership give name  
and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Lost Wapiti 15	Well No. 13	Pool Name, including Formation Bisti Lower Gallup	Kind of Lease State, Federal or Fee	Navajo Allotted	Lease No. N00-C-14-
Location Unit Letter <u>M</u> ; <u>930</u> Feet From The <u>South</u> Line and <u>800</u> Feet From The <u>West</u>					20-5200
Line of Section <u>15</u> Township <u>25N</u> Range <u>11W</u> , NMPM, San Juan County					

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

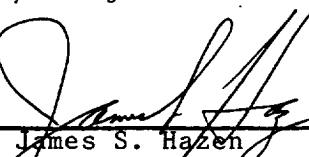
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Refining, Inc.	Address (Give address to which approved copy of this form is to be sent) P O Box 256, Farmington, NM 87499				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 15	Twp. 25N	Rge. 11W	Is gas actually connected? When

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 Supp.  
2/26/88 (Date)

## OIL CONSERVATION DIVISION

FEB 26 1988

APPROVED \_\_\_\_\_, 19

BY \_\_\_\_\_ Original Signed by FRANK T. CHAVEZ

TITLE \_\_\_\_\_ SUPERVISOR DISTRICT # 2

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 allow-  
able 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'v.
Date Spudded 11/17/87	Date Compl. Ready to Prod. 11/23/87		Total Depth 5490			P.B.T.D. 5396'			
Elevations (DF, RKB, RT, GR, etc.) 6390' GL	Name of Producing Formation Gallup		Top Oil/Gas Pay 4895'			Tubing Depth 4909'			
Perforations 4895' to 4907'						Depth Casing Shoe 5488'			

#### TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	271'	236 cu.ft.
7-7/8"	5-1/2"	5488'	1634 cu.ft. in 2 stgs

#### 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 1/22/88	Date of Test 2/17/88	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure 160 psi	Casing Pressure 160 pai	Choke Size none
Actual Prod. During Test	Oil - Bbls. 21 BOPD	Water - Bbls. 2.5 BWPD	Gas - MCF 3 MCFD (used on location)

#### GAS WELL

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