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STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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

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MAR 24 1988
OIL CON. DIV
DIST. 3

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"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bettin' on Bisti 30	Well No. 7	Pool Name, including Formation Bisti Lower Gallup	Kind of Lease State, Federal or Fee	Navajo Trust	Lease No. NM 68764
Location Unit Letter <u>G</u> ; <u>1750</u> Feet From The <u>North</u> Line and <u>1750</u> Feet From The <u>East</u> Line of Section <u>30</u> Township <u>25N</u> Range <u>11W</u> , NMPM, <u>San Juan</u> County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

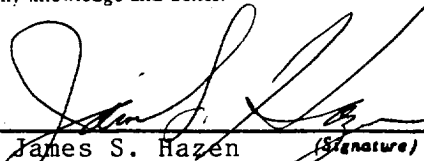
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Refining, Inc.	Address (Give address to which approved copy of this form is to be sent) P O Box 256, Farmington, NM 87499				
Name of Authorized Transporter of Casinghead Gas <input 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 G	Sec. 30	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 Supt. (Title)
3/23/88 (Date)

OIL CONSERVATION DIVISION
APPROVED MAR 24 1988
BY Original Signed by CHARLES GHOLSON
TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #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'v.
Date Spudded 11/25/87	Date Compl. Ready to Prod. 2-3-88		Total Depth 5200'			P.B.T.D. 5135' KB			
Elevations (DF, RKB, RT, CR, etc.) 6445' GL	Name of Producing Formation Gallup		Top Oil/Gas Pay 4833'			Tubing Depth 4885'			
Perforations 4833-4877'						Depth Casing Shoe 5199'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	270'	236 cu.ft.
7-7/8"	5-1/2"	5199'	1281 cu.ft. in 3 stgs
	2-7/8"	4885'	

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 12/28/87	Date of Test 2/11/88	Producing Method (Flow, pump, gas lift, etc.) Swab	
Length of Test 24	Tubing Pressure -0-	Casing Pressure 50 psi	Choke Size none
Actual Prod. During Test	Oil - Bbls. 73 BOPD	Water - Bbls. 33 BWPD (frac)	Gas - MCF TSTM

GAS WELL

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