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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
Jerome P. McHugh
Address
P. O. Box 234, Farmington, NM 87401
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name Chaco Plant Well No. 35 Pool Name, including Formation NIPP - Pictured Cliffs Kind of Lease Federal State, Federal or Fee NM - Lease No. 26354
Location
Unit Letter J ; 1450' Feet From The South Line and 1850 Feet From The East
Line of Section 27 Township 26N Range 12W , NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Box 990, Farmington, NM 87401
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When
No

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

IV. COMPLETION DATA
Designate Type of Completion - (X)
Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
X X X
Date Spudded 4-21-78 Date Compl. Ready to Prod. 5-8-78 Total Depth 1310' P.B.T.D. 1264'
Elevations (DF, RKB, RT, GR, etc.) 6176' GR Name of Producing Formation NIPP - Pictured Cliffs Top Oil/Gas Pay 1180 Tubing Depth 1198'
Perforations 1180-1184 1189-1196 Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
7-7/8 5-1/2 44' 8 sx
4-3/4 2-7/8 1279' 205 cu ft
1-1/4 1198'

V. 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 Choke Size
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF

GAS WELL
Actual Prod. Test-MCF/D 126 AOF Length of Test 3 hrs Bbls. Condensate/MMCF 0 Gravity of Condensate
Testing Method (pitot, back pr.) Tubing Pressure (shut-in) Casing Pressure (shut-in) Choke Size
One Point Back Pressure 214 SI 214 SI 5/8"

VI. CERTIFICATE OF COMPLIANCE
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.
Thomas A. Dugan (Signature)
Petroleum Engineer (Title)
5-26-78 (Date)
OIL CONSERVATION COMMISSION
JUN 10 1978
APPROVED _____, 19_____
BY Original Signed by A. R. Kendrick
TITLE SUPERVISOR DIST. #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 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.