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

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
Box 234, Farmington, NM 87401

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jer	Well No. 1	Pool Name, Including Formation Wildcat - Pictured Cliffs	Kind of Lease State, Federal or Fee	Lease No. Jic. Contract #83
Location Unit Letter <u>P</u> ; <u>840</u> Feet From The <u>South</u> Line and <u>1190</u> Feet From The <u>East</u> Line of Section <u>18</u> Township <u>28N</u> Range <u>3W</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
EI Paso Natural Gas Co.	P.O. 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					
Date Spudded 10-11-77	Date Compl. Ready to Prod. 10-28-77	Total Depth 4160'	P.B.T.D. 4115' RKB					
Elevations (DF, RKB, RT, GR, etc.) 7220' GR	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 3902'	Tubing Depth 3976' RKB					
Perforations 4095-4103', 4061-4069', 3956-3976', 3390-4002'			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8"	200' RKB	125 sx					
7-7/8"	4-1/2"	4157' RKB	464 cu ft					
	1-1/4"	3976' RKB						

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)

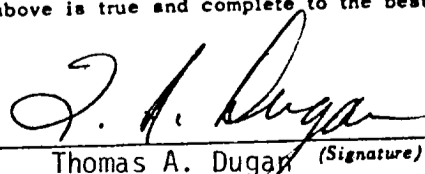
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 12-19-77	Length of Test 2 hrs	Bbls. Condensate/MMCF 365 AOF	Gravity of Condensate
Testing Method (pilot, back pr.) One Point back press	Tubing Pressure (shut-in) 900 SI	Casing Pressure (shut-in) 990 SI	Choke Size 1/2"

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)

11-8-78
(Date)

OIL CONSERVATION COMMISSION

APPROVED
Original Signed by A. R. Mendez 19
BY
SUPERVISOR 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.