_	4 111000			/	
- }	DISTRIBUTION		NACES ATTOM CONTROLLON	Form C -104	
+	SANTA FE /		NSERVATION COMMISSION FOR ALLOWABLE	Supersedes Old C-104 and C-110	
. }	FILE	- REQUEST I	AND	Effective 1-1-65	
}	u.s.g.s.	ALITHODIZATION TO TRAI	NSPORT OIL AND NATURAL GA	S	
ŀ	LAND OFFICE	AUTHORIZATION TO TRAI		_	
ŀ	OIL				
	TRANSPORTER GAS /				
ŀ	OPERATOR /				
,	PRORATION OFFICE				
-	Operator				
j	Jerome P. McHugh				
Box 234, Farmington, NM 87401  Other (Please explain)				İ	
1	Reason(s) for filing (Check proper box)	Change in Transporter of:			
	1.76* ***.1	Oil Dry Gas			
	Recompletion	Casinghead Gas Condens	<b>一</b>		
	Change in Ownership				
	If change of ownership give name				
and address of previous owner					
11.	DESCRIPTION OF WELL AND I	EASE	ormation 2 1 Kind of Lease	Lease No.	
	Lease Name	Well No. Poor fadile, merading .	CUE!		
	Valencia Canyon	39 Choza Mesa P	ictured Cliffs   State, Federal of	Federal NM-14918	
	Location  K 1470 Feet From The South Line and 1450 Feet From The West				
	Unit Letter K ; 1470 Feet From The South Line and 1450 Feet From The West				
	County 24 Township 28 N Range 4 W , NMPM, Rio Arriba County				
	Line of Section 24 Tow	mship 28 N Range 4	W RIO AI		
		CEP OF OU. AND NATURAL GA	.s		
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 in				d copy of this form is to be sent)	
	Reine of Manager	_			
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas 🔀	Address (Give address to which approve	ed copy of this form is to be sent)	
			Box 990, Farmington, NM 87401		
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? When		
	give location of tanks.		No		
	If this production is commingled wit	th that from any other lease or pool,	give commingling order number:		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.	
	Designate Type of Completio		X		
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Date Spudded 6-1-78	7-20-78	4385'	4356'	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	7299 GR	Pictured Cliffs	4056	4214' RKB	
	Perforations			Depth Casing Shoe	
	4056-66, 4086-96, 4106-26, 4180-4254				
	TUBING, CASING, AND CEMENTING RECORD		D CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	12-1/4	8-5/8	212' RKB	135 sx	
	7-7/8	4-1/2	4385' RKB	300 sx	
		1-1/4	4214' RKB		
			1	-1 he sayal to as exceed top allow-	
v	. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	after recovery of total volume of toda out of epth or be for full 24 hours)	ind must be equal to by exceed top disc	
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)		
	Date First New Oil Run 10 Tunks				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Langua of 1000			Gas-MCF	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
	1			<u> </u>	
	GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate	
	Actual Prod. Test-MCF/D	Length of Test	Date: Condemnato/Innoc	A CONTRACTOR OF THE PARTY OF TH	
	2072 AOF	3 hrs Tubing Pressure(Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	Testing Method (pitot, back pr.)	7105	1105	3/4 "	
	One point back pres.			TION COMMISSION	
V	CERTIFICATE OF COMPLIANCE		SIE CONSERVA	11.10.10.10.10.10.10.10.10.10.10.10.10.1	
	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	e best of my knowledge and belief.	II BY		
	4 .//		TITLE SUPERVISOR DIST. #		
	7 // ///		This form is to be filed in compliance with RULE 1104.		
	J. A. Wusan		If the state of the series of		
	IIIOmas II. Dagen	nature)	II Amme telen on the Well 10 acco	IGENCO ATCH LOGE	
	Agent		All sections of this form must be filled out completely for allow-		

(Title) 8-2-78 (Date)

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.