í	HO. OF COPIES RECEIVED		4		NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE					
-	DISTRIBUTION									
	SANTA FE		1							
	FILE		1	/	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL (
- 1	U.S.G.S.									
	LAND OFFICE									
	IRANSPORTER	OIL								
		GAS	7							
	OPERATOR		1		·					
1.	PRORATION OFFICE									
	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:					
	Recompletion				Oil Dry Gas					
	Change in Ownership				Casinghead Gas Condensate					

	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR	REQUEST I	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS								
1.	PRORATION OFFICE Operator										
	Jerome P. McHugh										
	Box 234, Farmington, NM 87401										
	Reason(s) for filing (Check proper box) New Well	Change in Transporter of:	Other (Please explain)								
	Recompletion	Oil Dry Gas	=								
	Change in Ownership	Casinghead Gas Conden	sate []								
	If change of ownership give name and address of previous owner										
11	DESCRIPTION OF WELL AND I	LEASE									
•••	Lease Name	Well No. Pool Name, Including Fo		Lease No. al or Fee Federal NM-14914							
	Valencia Canyon	37 Choza Mesa P	ictured Cliffs State, Federa	rederal MM-14914							
	Unit Letter M ; 870	Feet From The South Line	e and 1170 Feet From	The West							
	Line of Section 14 Tow	mship 28N Range 4	W , nmpm, R	Rio Arriba County							
III.	DESIGNATION OF TRANSPORT	or Condensate	S Address (Give address to which appro	oved copy of this form is to be sent)							
	1			and some of this form is to be cently							
	Name of Authorized Transporter of Cas El Paso Natural Gas	Inghead Gas Or Dry Gas 😿	Dry Gas X Address (Give address to which approved copy of this form Box 990, Farmington, NM 87401								
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When								
	give location of tanks.										
	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,									
	Designate Type of Completion	on - (X) Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.							
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.							
	5-20-78	7-7-78 Name of Producing Formation	4450' Top Oil/Gas Pay	4400! Tubing Depth							
	Elevations (DF, RKB, RT, GR, etc.) 7321 GR	Pictured Cliffs	1 -	4194							
	Perforations			Depth Casing Shoe							
	4084-4100', 4128-41	52', 4218-4268', 4279-43 TUBING, CASING, AND	O CEMENTING RECORD								
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT							
	12-1/4 7-3/4	8-5/8" 4-1/2"	213' 4450'	135 sx 650 sx							
	7-3/4	2-3/8"	4194'								
V.	TEST DATA AND REQUEST FOOL WELL	OR ALLOWABLE (Test must be as able for this de	print of the join justice in the many	l and must be equal to or exceed top allow-							
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas I	lift, etc.)							
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size							
			Water-Bbls.	Gas-MCF							
	Actual Prod. During Test	Oil-Bbis.	wdter-BBIS.								
			<u> </u>								
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravey of Gondenagte							
	7411 AOF	3 hrs		NAME OF THE PARTY							
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) 1085	3/4" Positive Choke							
vi	Back Pressure CERTIFICATE OF COMPLIAN	1085 CE	<u> </u>	ATION COMMISSION							
¥ 1.			APPROVED, 19								
	I hereby certify that the rules and a Commission have been complied to	with and that the information given	Original Signed b	y A. R. Kendrick							
	above is true and complete to the	best of my knowledge and belief.	SUPWRVISOR DIST. #3								
	$\sim 1 / l / l$		== =====								
	S.A. Wuga.		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.								
	Thomas A. Dugan (Sign	ature)									

2. A. Dugan	
Thomas A. Dugan (Signature)	
// Agent	١
V (Title)	ļ
7-25-78	Į
(Date)	1

APPE	ROVED						19
BV	Original	Signed	рy	Α.	R.	Kendrick	
TITL		3UPWEVIS	SOR	DIS	311.	#3	

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.