				/	
ſ	NO. OF COPIES RECEIVED			/	
ļ	DISTRIBUTION	NEW MEXICO OIL CO	ONSERVATION COMMISSION	Form C-104	
ŀ	SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-110	
}	FILE	NE GOEST	AND	Effective 1-1-65	
	U.S.G.S.	AUTHODIZATION TO TOA	NSPORT OIL AND NATURAL GAS		
		AUTHORIZATION TO TRA	NSFORT OIL AND NATORAL GAS	,	
	LAND OFFICE				
	TRANSPORTER OIL				
	GAS /				
I.	OPERATOR /				
	PRORATION OFFICE				
	Operator				
	Jerome P. McHugh				
	Address				
	Box 234, Farmington, NM 87401				
	Reason(s) for filing (Check proper box) Other (Please explain)				
	New Well X Change in Transporter of:				
	Recompletion Oil Dry Gas				
		Casinghead Gas Conder	sate		
	Change in Ownership				
	If change of ownership give name and address of previous owner				
	AND T	E A CIE			
II.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including F.	ormation Ext Kind of Lease	Lease No.	
	Lease Name		Pictured Cliffstate, Federal or	Fee Bodown 1 NW 14019	
	Valencia Canyon Unit	: 38 Choza Mesa -	Piccured CITH	rederat Nu-14318	
	Location		0001	** t-	
	Unit Letter D : 790 Feet From The North Line and 990 Feet From The West				
				County	
	Line of Section 24 Township 28 N Range 4 W , NMPM, Rio Arriba County				
111.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	AS	I and the form to to be conti	
••••	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 Cas	Inghead 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, N	м	
		Unit Sec. Twp. P.ge.	Is gas actually connected? When		
	If well produces oil or liquids,		No		
	give location of tanks.				
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:		
IV.	COMPLETION DATA	Oil Well Gas Well		Plug Back Same Resty, Diff. Resty.	
	Designate Type of Completio		, well , well ,		
	Designate Type of Completio		X	P.B.T.D.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		
	6-7-78	7-14-78	4307	4227'	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth	
	7213' GR	Pictured Cliffs	3986	4119'	
	Perforations	FICCULES VILLES		Depth Casing Shoe	
	4018-4028, 3986-4006	, 4110-41 86			
			D CEMENTING RECORD		
			DEPTH SET	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE	206'	135 sx	
	12-1/4	8-5/8		300 sx	
	7-7/8	4-1/2	4307' RKB	300_SX	
		1-1/4	4119'		
*/	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 allow able for this depth or be for full 24 hours)				
٧	able 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,	E.C./	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Tallation of the same of the s				
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF	
	Actual Prod, During 1991	}		<u> </u>	

GAS WELL Gravity of Condensate Bbls. Condensate/MMCF Actual Prod. Test-MCF/D Length of Test 3 hrs 2253 AOF Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) 3/4" **11**00 SI One point back pressure

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.

1100 SI

3. A. Wugan
Thomas A. Dugan (Signature)
Agent
V (Tüle)
8 -2-7 8
(Date)

OIL CONSERVATION COMMISSION

AU6 By Driginal Signed by A. R. Kendrick

SUPERVISOR DIST. V. TITLE _

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.

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 weils.