NG. OF COPPON RECEIVED				
DISTRIBUTION	NEW MEXICO OIL C	ONSERVATION COMMISSION	N	Form C-104
SANTA FE	REQUEST	FOR ALLOWABLE		Supersedes Old C-104 and C-11
FILE       -		AND		Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATU	IRAL GAS	
LAND OFFICE				
TRANSPORTER GAS /				
OPERATOR /				
PRORATION OFFICE				
Operator	1			
Jerome P. N	McHugh			
Address				
	ermington, NM 87401	lou de	<del> </del>	
Reason(s) for filing (Check proper box)		Other (Please expla	in)	
New We!1	Change in Transporter of:	Dormh	olo commir	alod moll
Recompletion	Oil Dry Ga		OTE COMMIT	gled well.
Change in Ownership	Casinghead Gas Conder	asate		
If change of ownership give name and address of previous owner				
DESCRIPTION OF WELL AND	LEASE			
Lease Name	Well No. Food Name, Including F		of Lease	Lease No.
Nassau	6 Undesignated	Fruitland ext State	, Federal or Fee	Federal NM 12030
Location Unit Letter J : 185	50 Feet From The South Lin	e and 1450 Fee	et From The	East
Oint Letter	2721			
	mehte Z/N Bance	LZW NMPM.		San Juan County
Line of Section 30 Tov	vnship 27N Range	12W , ммрм,		San Juan County
Ellie of decitor	TER OF OIL AND NATURAL GA	AS Address (Give address to which		of this form is to be sent)
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	ıs		of this form is to be sent)
DESIGNATION OF TRANSPORT	rer of OIL AND NATURAL GA	Address (Give address to which Address (Give address to which Box 990, Farmingt	ch approved copy	of this form is to be sent)
DESIGNATION OF TRANSPORT Name of Authorized Transporter of Cil Name of Authorized Transporter of Cas	or Condensate	Address (Give address to which Address (Give address to which	ch approved copy on, NM 87	of this form is to be sent)  of this form is to be sent)
DESIGNATION OF TRANSPORT Name of Authorized Transporter of Cas El Paso Natural Gas Co If well produces oil or liquids, give location of tanks.	or Condensate or Dry Gas or Dry G	Address (Give address to which Address (Give address to which Box 990, Farmingt Is gas actually connected? Yes	ch approved copy On, NM 87 When	of this form is to be sent)  of this form is to be sent)
DESIGNATION OF TRANSPORT Name of Authorized Transporter of Cas El Paso Natural Gas Co If well produces oil or liquids, give location of tanks.  If this production is commingled with	rer of OIL AND NATURAL GA	Address (Give address to which Address (Give address to which Box 990, Farmingt Is gas actually connected? Yes give commingling order numbers	ch approved copy CON, NM 87 When CON	of this form is to be sent)  of this form is to be sent)  401  2-23-77
DESIGNATION OF TRANSPORT Name of Authorized Transporter of Cas El Paso Natural Gas Co If well produces oil or liquids, give location of tanks.  If this production is commingled with COMPLETION DATA	or Condensate or Dry Gas or Dry G	Address (Give address to which Address (Give address to which Box 990, Farmingt Is gas actually connected? Yes give commingling order numbers	ch approved copy On, NM 87 When	of this form is to be sent)  of this form is to be sent)  401  2-23-77
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DESIGNATION OF TRANSPORT Name of Authorized Transporter of Cas El Paso Natural Gas Co If well produces oil or liquids, give location of tanks.  If this production is commingled with COMPLETION DATA  Designate Type of Completion	or Condensate or Dry Gas or Dry G	Address (Give address to which Address (Give address to which Box 990, Farmingt Is gas actually connected?  Yes give commingling order number of the Well Workover De X Total Depth  1600	ch approved copy COn, NM 87 When 2 ber: Plug E	of this form is to be sent)  of this form is to be sent)  401  2-23-77  Back   Same Resty.   Diff. Resty   D.   1539
DESIGNATION OF TRANSPORT Name of Authorized Transporter of Cas El Paso Natural Gas Co If well produces oil or liquids, give location of tanks.  If this production is commingled wit COMPLETION DATA  Designate Type of Completic Date Spudded	or Condensate or Dry Gas well or Dry Gas well or Dry Gas well or Dry Gas well Dry Gas well or Dry Gas or Dry Gas well or Dry Gas o	Address (Give address to which Address (Give address to which Box 990, Farmingt Is gas actually connected?  Yes  give commingling order number of the Well Workover De X	ch approved copy COn, NM 87 When 2 ber: Plug E	of this form is to be sent)  of this form is to be sent)  401  2-23-77  Back Same Res'v. Diff. Res'v.  1539
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DESIGNATION OF TRANSPORT Name of Authorized Transporter of Cas El Paso Natural Gas Co If well produces oil or liquids, give location of tanks.  If this production is commingled with COMPLETION DATA  Designate Type of Completion Date Spudded 7-11-76  Elevations (DF, RKB, RT, GR, etc.)	or Condensate or Dry Gas or Dry G	Address (Give address to which Address (Give address to which Box 990, Farmingt Is gas actually connected?  Yes give commingling order number of the Well Workover De X   Total Depth 1600   Top Oil/Gas Pay	ch approved copy  COn, NM 87 When 2 Der: Plug E P.B.T	of this form is to be sent)  of this form is to be sent)  401  2-23-77  Back Same Res'v. Diff. Res'v.  1539
DESIGNATION OF TRANSPORT Name of Authorized Transporter of Cas El Paso Natural Gas Co If well produces oil or liquids, give location of tanks.  If this production is commingled with COMPLETION DATA  Designate Type of Completion Date Spudded 7-11-76  Elevations (DF, RKB, RT, GR, etc.) 6012 GR - 6016 RKB	or Condensate or Dry Gas or Dry G	Address (Give address to which Address (Give address to which Box 990, Farmingt Is gas actually connected? Yes give commingling order number of the comming	ch approved copy  COn, NM 87 When 2 Der: Plug E P.B.T	of this form is to be sent)  of this form is to be sent)  401  2-23-77  Back Same Res'v. Diff. Res'v.  1539*  1472*
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DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil  Name of Authorized Transporter of Cas El Paso Natural Gas Co If well produces oil or liquids, give location of tanks.  If this production is commingled with COMPLETION DATA  Designate Type of Completion Date Spudded 7-11-76  Elevations (DF, RKB, RT, GR, etc.,) 6012' GR - 6016' RKB Perforations	or Condensate or Dry Gas well or Dry Gas well or Dry G	Address (Give address to which Address (Give address to which Box 990, Farmingt Is gas actually connected?  Yes give commingling order number of the State of the	ch approved copy  COn, NM 87 When 2 Der: Plug E P.B.T	of this form is to be sent)  of this form is to be sent)  401  2-23-77  Back   Same Res'v.   Diff. Res'v             D.         1539       Goeph         1472      Casing Shoe      SACKS CEMENT       35
DESIGNATION OF TRANSPORT Name of Authorized Transporter of Cas El Paso Natural Gas Co If well produces oil or liquids, give location of tanks.  If this production is commingled with COMPLETION DATA  Designate Type of Completion Date Spudded 7-11-76  Elevations (DF, RKB, RT, GR, etc.) 6012' GR - 6016' RKB Perforations  HOLE SIZE	or Condensate corporation  company  Unit Sec. Twp. Page.  th that from any other lease or pool,  On - (X) Gas Well  On - (X) X  Date Compl. Ready to Prod.  9-2-76  Name of Producing Formation  Fruitland  TUBING, CASING, ANI  CASING & TUBING SIZE  7"  2-7/8"	Address (Give address to which Address (Give address to which Box 990, Farmingt Is gas actually connected?  Yes give commingling order number of the Well Workover De X   Total Depth 1600   Top Oil/Gas Pay 1384   Depth Set 77   1582   1582	ch approved copy  COn, NM 87 When 2 Der: Plug E P.B.T	of this form is to be sent)  of this form is to be sent)  401  2-23-77  Back   Same Res'v.   Diff. Res'v
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DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil  Name of Authorized Transporter of Cas El Paso Natural Gas Co If well produces oil or liquids, give location of tanks.  If this production is commingled wit COMPLETION DATA  Designate Type of Completion Date Spudded 7-11-76  Elevations (DF, RKB, RT, GR, etc.) 6012' GR - 6016' RKB Perforations  HOLE SIZE 8-3/4" 4-3/4"  TEST DATA AND REQUEST F	or Condensate or Dry Gas or Dry G	Address (Give address to which Address (Give address to which BOX 990, Farmingt Is gas actually connected? Yes give commingling order number of the content	ch approved copy  CON, NM 87  When  2 Der:  P.B.T  Tubing  Depth	of this form is to be sent)  of this form is to be sent)  401  2-23-77  Back   Same Res'v.   Diff. Res'v.
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GAS WELL Gravity of Condensate Bbls. Condensate/MMCF Actual Prod. Test-MCF/D Length of Test -0-141 AOF 3 hrs Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) Tubing Pressure (shut-in) 325 289 One point back pressure

## I. 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.

In	K. Jesuh	Jim L. Jacobs
1	(Signature)	
Agent		
	(Title)	
5-23-77		
	(Date)	

OIL CONSERVATION COMMISSION

	SAAV OF HATT
APPROVED_	MAY 25 1977
By Original	Signed by A. R. Kendrick
TITLE SUPER	VISOR DIST.

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 sllow-able 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.

## NEW MEXICO OIL CONSERVATION COMMISSION WELL LOCATION AND ACREAGE DEDICATION PLAT

All distances must be from the outer boundaries of the Section.

		All distar	aces must be from t		oundaries of	ne section.		The state of the s	
Operator	Jerome P. McH	nah	Leo	ise	N:	assau	,	Well No.	
Unit Letter	Section	Township		Range	140	County			
	36	· ·	27 <b>N</b>	1	12W	004.717	San Juan		
	J 36 Z/N 12W Sait Juan								
1850	feet from the	South	line and	1450	0 <sub>feet</sub>	from the	East	line	
Ground Level Elev.	Producing For		Poo	1/2 /2	Concesion	Frank	and I	Dedicated Acreage:	
6012'	Fr	uitland			Undesig	inated	- ext	160 Acres	
1. Outline th	e acreage dedica	ted to the	subject well l	by colore	ed pencil o	hachure	marks on the	plat below.	
1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.									
		dedicated	to the well, or	itline ea	ach and iden	ntify the o	ownership the	ereof (both as to working	
interest ar	nd royalty).								
3. If more tha	an one lease of d	ifferent ow	nership is dedi	cated to	the well, l	have the i	nterests of	all owners been consoli-	
	ommunitization, u								
Yes Yes	No If an	swer is "	yes;" type of co	nsolidat	tion				
If anguer	is "no" liet the	OWBER OF	d tract descript	ione whi	ich have en	tually has	en consolidat	ted. (Use reverse side of	
	f necessary.)	onners all	a macraescript	TOUS WILL	.on nave at	causiy bet	consolina	(OBO LEVELOC SINE OI	
	•	ed to the w	ell until all int	erests h	nave been c	onsolidat	ed (by comm	nunitization, unitization,	
	_							approved by the Commis-	
sion.					_				
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	1			i			Name/	d. Xuesh	
	+			i-			Jim L.	Jacobs	
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	1			1				P. McHugh	
	i }		•	i			Date 5-23-77		
	i i	SEC.	36	. 1		. [	3-23-77		
	,			1			I hereby o	certify that the well location	
	1			i	`		shown on t	his plat was plotted from field	
	1			ا م	$Q_{\lambda}$			ctual surveys made by me or	
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