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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

Operator Jerome P. McHugh	
Address Box 234, Farmington, N. M. 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change In Ownership <input type="checkbox"/>	Change In Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

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

Lease Name Hammond	Well No. 1	Pool Name, Including Formation S. Blanco Pictured Cliffs	Kind of Lease State, Federal or Fee	Lease No. SF 078480
Location Unit Letter <u>A</u> ; <u>990</u> Feet From The <u>north</u> Line and <u>800</u> Feet From The <u>east</u>				
Line of Section <u>34</u> , Township <u>27N</u> Range <u>8W</u> , NMPM, <u>San Juan</u> County				

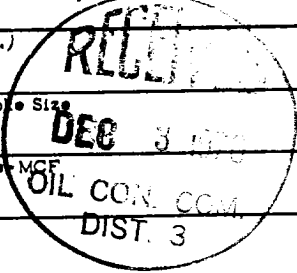
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
El Paso Natural Gas Co.		Box 990, Farmington, N. M. 87401		
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 34	Twp. 27N	Rge. 8W
				Is gas actually connected? <u>No</u> When _____

If this production is commingled with that from any other lease or pool, give commingling order number: _____

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 5/1/70	Date Compl. Ready to Prod. 5/23/70 6/15/70	Total Depth 2385'		P.B.T.D. 2350'					
Elevations (DF, RKB, RT, GR, etc.) 6241' Gr.	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 2310'		Tubing Depth 2304'					
Perforations 2310'-18', 2320'-28'				Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	8 5/8"		93'		85 SX.				
6 3/4"	4 1/2"		2385'		125 SX.				
	1 1/4"		2304'						

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 249	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) One pt. back press.	Tubing Pressure (shut-in) 494	Casing Pressure (shut-in) 494	Choke Size 5/8"

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.

Engineer	(Signature)
12/2/70	(Date)

OIL CONSERVATION COMMISSION	
APPROVED	DEC 3 1970
BY	Original Signed by Emery C. Arnold
TITLE	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.