i				1						
1	40. OF COPIES RECE									
-	DISTRIBUTIO	N .	-				NI	EW ME	XICO	이니
	SANTA FE								REQL	JEST
	FILE		/							
	U.S.G.S.		1			AUT	HORI:	ZATI	ON TO	TR
	LAND OFFICE									
	IRANSPORTER	GAS	/							
	OPERATOR		2							
1.	PRORATION OFF	ICE								
•	Operator		٠							
	Mobil Producing Texas & New Mexico Inc.									
	Address									
	9 Greenway	Plaz	а.	Sui	te	2700	Ho	neta	יייך מ	у .
	Reason(s) for filing (2700	, 110	43.00	11, 12	-
	New Well		nope,	002)		Chana	- I- T		6.	
		H				-	e in Tro	msport	er oi:	
	Recompletion	H				Oil		<u> </u>	4	Dry C
	Change in Ownership	<u> </u>				Casino	head G	as _	<u> </u>	Cond
	If change of owners and address of prev									
	DESCRIPTION O				EA	SE.				
	Lease Name	r WEL	L A	ישי	<u> </u>	Well :	lo. Poc	ol Nam	e, Inclu	ding
	Jillson-Fede	ral				2	Bla	mco	Pict	ure
	Location								- 100	
	Unit Letter		. :	990		_ Feet	From T	he <u> </u>	North	<u></u> L
	Line of Section	. 8		Tow	nshi	p	24		Rand	je
I.	DESIGNATION OF	F TRA	NSP	ORI	ER	of o	IL AN	D NA	TURA	L G
	Name of Authorized	Transpo	rter o	1 011		٥	r Conde	nsate		
		NONE_								
	Name of Authorized Transporter of Casinghead Gas or Dry Gas A.									
	El Paso Natu	ıral	Gas	Co						
	If well produces oil				Uni	, ;	Sec.	Twp	. P.	ge.
	give location of tank			,	!	. 1		i 1	<u> </u>	
	If this production is COMPLETION DA		ngie	d wit	h the	at from				
	Designate Type of Completion - (X)									
	Date Spudded				Date Compl. Ready to Prod.					
	Elevations (DF, RKE	R, es	c.,	Nan	Name of Producing Formation					
	Perforations									
	TUBING, CASING, A									
	401 E	517F		-		CAS	NG &			
	HOLE SIZE				-					
									· · · · · · · · · · · · · · · · · · ·	
					<u> </u> 				·	
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be able for this									
	OIL WELL Date First New Oil I	dun To	Tanks	,	Dat	• of Te	et		· · · · -	
	Length of Test				Tubing Pressure					
	,									

	DISTRIBUTION	NEW MEXICO OIL CO	ONSERVATION COMMISSION	Form C-104						
	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110						
	FILE / /	·	AND	Effective 1-1-65						
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	SAS						
	LAND OFFICE									
	OIL									
	TRANSPORTER GAS /									
	 									
	OPERATOR 7									
1.	PRORATION OFFICE Operator									
	Mobil Producing Texas	& New Mexico Inc.								
	Address									
	9 Greenway Plaza, Suite 2700, Houston, TX 77046									
	Reason(s) for filing (Check proper box) Other (Please explain)									
	New Well	Change in Transporter of: To change Operator name								
	Recompletion	Oil Dry Gas								
	Change in Ownership	Casinghead Gas Conden		Date: 1-1, 1090)						
		Casinghead Gas Condensate (Effective Date: 1-1-1980)								
	If change of ownership give name									
	and address of previous owner									
	·									
11.	DESCRIPTION OF WELL AND	LEASE								
	Lease Name	Well No. Pool Name, Including Fo	ormation Kind of Lease	Legae No.						
	Jillson-Federal	2 Blanco Pictured	Cliffs State, Federal							
		2 planed liceured	CITIES	redelar						
	Location									
	Unit Letter C : 990	Feet From The North Line	and 1650 Feet From 1	rhe West						
	Ont Letter									
	0 -	. 0/	2	5						
	Line of Section 8 Tow	mship 24 Range	3 , NMPM,	Rio Arriba County						
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S							
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approx	ed copy of this form is to be tent)						
	NONE		1							
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gask	Address (Give address to which approved copy of this form is to be sent)							
	El Paso Natural Gas Co		Box 1492 El Paso, TX 79978							
	the standard and an Head	Unit Sec. Twp. P.ge.	Is gas actually connected? When							
	If well produces oil or liquids, give location of tanks.		VEC							
		<u> </u>	YES							
	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	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.						
	Designate Type of Completion	$\mathbf{n} - (\mathbf{X})$	i i	; ; ;						
	Day Coulded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.						
	Date Spudded	Date Compi. Ready to Prod.	Total Beptin	F.B.1.D.						
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth						
	Perforations	<u></u>	 	Depth Casing Shoe						
	Periorations									
		TUBING, CASING, AND	CEMENTING RECORD							
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT						
	·									
	<u></u>									
		1	<u> </u>							
			<u></u>	<u></u>						
v	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be at	fter recovery of total volume of load oil	and must be equal to or exceed top allow-						
٧.	OIL WELL	able for this de	pth or be for full 24 hours)							
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)							
	But First New Cir Nam 10 1 am									
			ļ	T Chaha Siaa						
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size						
		!								
	Actual Prod. During Test	Oil-Bbis.	Water - Bble.	Gas - MCF						
				1 / 0- " 02541						
	l	<u></u>	1	1 007 2						
				000 5 3 1970						
	GAS WELL			1972 000						
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate						
				1 70%						
	Testing Method (pitot, back pr.)	Tubing Pressure (Shmt-in)	Casing Pressure (Shut-in)	Choke Size						
	The state of the s									
		<u> </u>	1	<u> </u>						
VI.	CERTIFICATE OF COMPLIAN	CE ·		TION COMMISSION						
			007	2 a 1979						
	• • • • • • • • • • • • • • • • • • •	emulations of the Oil Consequetion	OCT 29 1979 Original Signed by FRANK T. CHAVEZ BY Original Signed by FRANK T. CHAVEZ TITLE 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.							
	I hereby certify that the rules and to Commission have been complied w	with and that the information given								
	above is true and complete to the	best of my knowledge and belief.								
		•								
		l								
		l								
	2 . ~	~ · ·								
	Delu 1	leugh								
	(Sign	itwe)								
	Authorica	Agent								
	Authorized (Time	Ne)	All sections of this form must be filled out completely for allowable on new and recompleted wells.							
	·	-								
	October 31		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							
		ite)								

