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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

I. Operator  
Mobil-TransOcean Company  
Address  
1700 First City East Bldg., Houston, Texas 77002  
Reason(s) for filing (Check proper box)  
New Well: ☐ Change In Transporter of:  
Recompletion: ☐ Oil ☐ Dry Gas ☐  
Change In Ownership: ☒ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
If change of ownership give name and address of previous owner TransOcean Oil, Inc., same address, Effective 10-4-80

II. DESCRIPTION OF WELL AND LEASE  
Lease Name Federal (28714) Well No. 1 Pool Name, Including Formation Chacon-Dakota Kind of Lease State, Federal or Fee Federal Lease No. 28714  
Location  
Unit Letter A ; 790 Feet From The North Line and 790 Feet From The East  
Line of Section 31 Township 24N Range 3W, NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Plateau, Inc. Address (Give address to which approved copy of this form is to be sent)  
4775 Indian School Rd. N.E. Suite 200  
Albuquerque, New Mexico 87110  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
El Paso Natural Gas Co. Address (Give address to which approved copy of this form is to be sent)  
P. O. Box 990, Farmington, New Mexico 87401  
If well produces oil or liquids, give location of tanks. Unit 16758 Sec. 31 Twp. 24N Rge. 3W Is gas actually connected? yes When 1-30-78

If this production is commingled with that from any other lease or pool, give commingling order number:  
V. COMPLETION DATA  
Designate Type of Completion - (X)  
Oil Well Gas Well New Well Workover Deepen Plug Back Same Rest'v. Diff. Rest'v.  
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.  
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth  
Perforations Depth Casing Shoe  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE CASING & TUBING SIZE DEPTH SET  
SACCS CEMENT  
NOV 8 1980  
OIL CON. COM.

VI. 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 Length of Test Bbls. Condensate/MMCF Gravity of Condensate  
Testing Method (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

VII. 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.  
Signature: [Signature]  
Chief Production Clerk  
October 28, 1980  
OIL CONSERVATION COMMISSION  
APPROVED: [Signature]  
BY: Original Signed by FRANK T. CHAVEZ  
TITLE: SUPERVISOR DISTRICT # 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.