NO. OF COPIES RECEIVED				
DISTRIBUTION				
SANTA FE				
FILE				
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL		Ì	
HANSPORTER	GAS		L	
OPERATOR			_	
PRORATION OFFICE			<u> </u>	

NO. OF COPIES RECE	1460		Form C-104	
DISTRIBUTIO	N		NEW MEXICO OIL CONSERVATION COMMISSION	d C-104 and C-110
SANTA FE			REQUEST FOR ALLOWABLE Effective 1-1-	65
FILE			AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
u.s.g.s. AUTHORIZATION TO TRANSPORT OIL AND		AUTHORIZATION TO TRANSPORT OIL ARE RATORILE		
LAND OFFICE			_	
	OIL		_	
TRANSPORTER GAS				
OPERATOR				
PRORATION OF	FICE			
Operator				
Mobil Prod	ucing '	[X	& N.M. Inc.	
[ A -1 -1				
9 Greenway Reason(s) for filing	Plaza	Su Sper bo	uite 2700, Houston, Texas 77046 Other (Please explain)	
New Well			Change in Transporter of:  Oil Dry Gas Effective 1-1-81	
Recompletion	닐		Casinghead Gas Condensate	
Change in Ownersh	ip[X]			
	Lin dive	name	e Mobil-TransOcean Company, 1700 First City East Bldg., Housto	n, Texas
If change of owne and address of pro	evious ow	ner	Mobil-TransOcean Company, 1/00 F1130 320	
	OF WELL	L AN	ND LEASE Kind of Lease	Lease No.
Well No. Pool Name, Including Formation  State, Federal or Fee Federal			28714	
1 _			2 Chacon-Dakota	1

	PROPATION OFFICE		<del></del>			
7	perator	M. T				
1	Mobil Producing TX. & N.	M. Inc.				
7			77046			
	9 Greenway Plaza, Suite	2700, Houston, Texas	Other (Please	explain)		
h	leason(s) for tiling (Check proper box)		1			
	lew Well	Change in Transporter of:  Dry Gas	Effect	ive 1-1-8	L	
١,	Recompletion					
	Change in Ownership X	Casinghead Gas Condense	are [			<del>-</del>
					1.1. Houston	Texas
I	change of ownership give name	bil-TransOcean Company,	<u> 1700 First Ci</u>	ty East B	10g., nouscom,	77002
8	nd address of previous ownerMo					
	ON OF WELL AND LE	ASE		Kind of Lease		Lease No.
ا ِ . ا	DESCRIPTION OF WELL AND LE		twatton	State, Federal	or Fee Federal	28714
	Federal	2 Chacon-Dakota	3			+
1					Foot	
-	Location	Feet From The South Line	and 850	Feet From T	he <u>East</u>	
	Unit Letter I : 1740	Feet From the			4.5	County
		A OAN Range	3W, NMPN	, Rio Ai	riba	
	Line of Section 31 Town	ship 24N Range	<b>3.1.</b>			
		ON AND NATURAL GA	S		- Ashin form is	to be sent)
11.	DESIGNATION OF TRANSPORTI	or Condensate	Address (Give address	to which approv	old copy of this form is	,,
	Name of Authorized Transporter of Oil	X Gendent	Dog 108 Fa	rmington_	NM 87401 yed copy of this form is	to be conti
	Plateau Inc.	Dry Gas	Address (Give address	to which appro	ved copy of this form is	to be zem)
	Plateau Inc. Name of Authorized Transporter of Casin	nghead Gas X or Dry Gas	7 1/	02 E1 Pa	so, TX 79978	
			Is gas actually connec	ted? Wh	en	
	El Paso Natural Gas	Unit Sec. Twp. Rge.		1	May, 1979	
	If well produces oil or liquids, give location of tanks.	I 31 24N 3W	Yes			i.
	give location of tanks.  If this production is commingled with	that from any other lease or pool,	give commingling ord	er number:		
	If this production is commingled with	T that the same of	New Well Workover	Deepen	Plug Back   Same Re	s'v. Diff. Res'v
IV	COMPLETION DATA	Oll Well Gas Well	New Hell	l l	1	!
	Designate Type of Completion	n – (X)			P.B.T.D.	
		Date Compl. Ready to Prod.	Total Depth			
	Date Spudded				Tubing Depth	
		Name of Producing Formation	Top Oil/Gas Pay		,	
	Elevations (DF, RKB, RT, GR, etc.)				Depth Casing Shoe	
			<del></del>		Dop	
	Perforations					_,
		TUBING, CASING, AN	ND CEMENTING REC	ORD	SACKS C	EMENT
		TUBING, CRIMO, IN	DEPTH	SET	SACKS C	Entri Entri
	HOLE SIZE	CASING & TUBING SIZE				
			after recovery of total s	olume of load	il and must be equal to	or exceed top al
	V. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be			1 (3)	
•	V. TEST DATA AND REQUEST 1		Producing Method (I	low, pump, gas	lift, etc. Unggang	
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Pioanomy money		1 00	
	Date Litter Man Or				Choke Sie	e l
		Tubing Pressure	Casing Pressure		OIL co	♀ 写85 <b>i</b> _
	Length of Test				Gal-MCF	tra.
		au Bhia	Water - Bbls.		Dia-	Will f

HOLE SIZE	CASINO C 1	
TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must able for the	be after recovery of total volume of load oil and must be squal to or exceed top allow- is depth or be for full 24 hours)
OIL WELL  Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)  Choke Steel Co.
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bbls.	Water-Bble. Gal-MCF Dist. GOIM.
GAS WELL	Land of Test	Bbls. Condensate/MMCF Gravity of Condensate

GAS WELL	Length of Test	Bbls. Condenscte/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Testing Method (pilot)		OIL CONSERV	VATION BOMMISSION
CERTIFICATE OF COMPLIA	NCE		, 19

## 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.

(Signature)	
1 Acent	
December 15, 1980 (Date)	

APPROVED

Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3 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.

All sections of this form must be fillied out completely for allow 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 multiple