NO. OF COPIES RECE	2		
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FILE	7		
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS		
OPERATOR			
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GA

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-85
77046
tion for cleanup completion. expire on August 13, 197
Lease No.
.e_ <i>w</i>
ARRIBA County
d copy of this form is to be sent)
M. 87 40/ d copy of this form is to be sent)
J. M. 87401
7-23-)9
Plug Back Same Res'v. Diff, Res'v.
P.B.T.D. 6765
Tubing Depth
6590
Depth Casing Shoe
SACKS CEMENT
nd must be equal to or exceed top allow-
etc.)
Choke Size
Gair-MCF
1000
Gravity of Condensate .
Choke Size

	TRANSPORTER GAS						
	OPERATOR						
1.	PRORATION OFFICE						
	Mohil Oil Corp.						
-	ddress						
		s 77046					
1	Reason(s) for filing (Check proper box)	9 Green WAY PIAZA Suite 2700 Houston Texas 77046 Oscon(s) for filing (Check proper box) Other (Please explain)					
	New Well	Change in Transporter of:		nection for cleanup			
	Recompletion	Oil X Dry Go		ng completion.			
	Change In Ownership Casinghead Gas Condensate This form shall expire on August						
	If change of ownership give name and address of previous owner						
11.	DESCRIPTION OF WELL AND LEASE Well No. Real Name Including Formation Kind of Lease Le						
	Lease Name Well No. Pool Name, Including Formation Kind of Lease						
	JICHRITY COM						
	Location		. 940	- The 14)			
	Unit Letter M; 890 Feet From The S Line and 990 Feet From The W						
	Line of Section 22 Tow	mship 24N Range	5 W , NMPM, R12	ARRIBA County			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil							
	Name of Authorized Transporter of Oil						
	Plateau INC. Name of Authorized Transporter of Cas	singhead Gas or Dry Gas X	Box 108 FAR Mint tow W.M. 87 401 Address (Give address to which approved copy of this form is to be sent)				
	<u> </u>	inghedd dds or bry dds [[g]	Box 990 FARming ton Is gas actually connected?	1			
		PASO NAT. GAS Unit Sec. Twp. Rge.		When			
	If well produces oil or liquids, give location of tanks.	m 22 24N 5W	Temp.	7-23-79			
	If this production is commingled wit	this production is commingled with that from any other lease or pool, give commingling order number:					
- · ·	Designate Type of Completic	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
			Total Depth	P,B,T.D.			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	6765			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	and the second control of the second control	-	6627	6590			
	Perforations			Depth Casing Shoe			
	6627-6765						
			D CEMENTING RECORD	SACKS CEMENT			
	HOLE SIZE	85/8 -24/hs,	334	SACKS CEMENT			
	12 ½ 7 %	5 /2 - 15.5 1 hs.	1546				
		5/2 - 14 1bs.	1546-5347				
		2 3/8 tubing 4,7-055	6590				
v.	TEST DATA AND REQUEST FO	OR ALLOWABLE Test must be	after recovery of total volume of load	oil and must be equal to or exceed top allow-			
	OIL WELL						
	Date First New Oil Run To Tanks	Date of 1481	' roundered morning it some hamb! Eng				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	Landin or Logi						
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gq#-MCF			
		5					
	GAS WELL	Length of Test	Bbls, Condensate/MMCF	Gravity of Condensate			
	Actual Prod. Test-MCF/D	Tendru or regr	222, 40.1201104101				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
VI	CERTIFICATE OF COMPLIAN	CE	OIL CONSER	VATION COMMISSION			
· 4.	OLIVIII OF COMPLIANCE	hereby certify that the rules and regulations of the Oil Conservation		23 1975			
	I hereby certify that the rules and			Original Signon by A. R. Kendrick			
	Commission have been complied vabove is true and complete to the	with and that the information given	original Stelling				
	month to tree and combiers to me	• • • • • • • • • • • • • • • • • • • •	SHOPE HISOD DISTRICT # 3				

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.

TITLE _

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

SUPERIOR DISTRICT 第 3

This form is to be filed in compliance with RULE 1104.