| HO. OF COPIES RECEIVED | | | / |
|--|---|---|---|
| SANTA FE / | NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE | | Form C-104 Supersedes Old C-104 and C-1 |
| FILE | REQUEST | AND | Effective 1-1-65 |
| U.S.G.S. | AUTHORIZATION TO TRA | NSPORT OIL AND NATURAL (| 245 |
| LAND OFFICE | ADMORIZATION TO TRA | THE REPORT OF THE PROPERTY OF | |
| OIL / | | | |
| TRANSPORTER GAS | 1 | | API 30-039-21978 |
| OPERATOR / |] | | 30 033-21376 |
| PRORATION OFFICE | · | | |
| Operator Mobil Oil Corporation | n | | |
| Address Nine Greenway Plaza, | Suite 2700, Houston, TX | 77046 | |
| Reason(s) for filing (Check proper box |) | Other (Please explain) | |
| New Well | Change in Transporter of: | <u>_</u> | |
| Recompletion | Oil Dry Go | 7 | |
| Change in Ownership | Casinghead Gas Conder | nsate | |
| If change of ownership give name and address of previous owner | | | |
| • | I FACE | | |
| DESCRIPTION OF WELL AND Lease Name | Well No. Pool Name, Including F | ormation Kind of Leas | Lease No |
| Jicarillo Otero Com | 1 Basin Dakota | State, Federa | rlor Fee Federal NA-39 |
| Location | | | |
| Unit Letter M : 89 | Feet From The South Lir | ne and 990 Feet From | The West |
| Line of Section 22 To | wnship 24N Range | 5W , NMPM, Rio A | rriba Count |
| DESIGNATION OF TRANSPOR | TER OF OIL AND NATURAL GA | AS | |
| Name of Authorized Transporter of Ot. | or Condensate X | Address (Give address to which appro | oved copy of this form is to be sent) |
| Plateau, Inc. | | P. O. Box 108 Farming Address (Give address to which appro | ton. NM 87401 |
| Name of Authorized Transporter of Ca | singhead Gas or Dry Gas | 1 | |
| El Paso Natural Gas | Company | P. O. Box 1492, El Pa | |
| If well produces oil or liquids, | Unit Sec. Twp. P.ge. | 10 400 00110011 | nen . |
| give location of tanks. | M 22 24N 5W | | ending P/L connection |
| If this production is commingled wi | th that from any other lease or pool, | give commingling order number: | |
| COMPLETION DATA | Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Resty. Diff. Res |
| Designate Type of Completi | | X | 1 1 |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
| 5/4/79 | 7/9/79 | 6900' | 6765' |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
| 6677 GR | Basin Dakota | 6627' | · |
| Perforations | | | Depth Casing Shoe |
| 6627-6765' | TUBING, CASING, AN | D CEMENTING RECORD | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 12-1/4" | 8-5/8" | 3391 | 225 x A |
| 7-7/8" | | 6894 ' | $715 \times Poz + 250 \times A$ |
| | 5-1/2" 2-3/8" | 6590 | |
| | | <u> </u> | |
| TEST DATA AND REQUEST F | OR ALLOWABLE (Test must be | after recovery of total volume of load of | l and must be equal to or exceed top a |
| OIL WELL | ante jor this a | lepth or be for full 24 hours) Producing Method (Flow, pump, gas | lift, etc.) |
| Date First New Oil Run To Tanks | Date of Test | 1-10-rectrid Marriage (1 same houses 200 | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| | OIL Phile | Water - Bbls. | Gas -MCF |
| Actual Prod. During Test | Oil-Bbis. | | |
| | | | |
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Carvity of Condensate |
| *************************************** | 3 hrs. | 9 | 45.6 |
| (GV) 664 (CAOF/690) Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |
| BP | 118 PSIG (7 days) | 0 | 3/4" |
| | | | ATION COMMISSION |
| . CERTIFICATE OF COMPLIA! | NCE. | | - A |
| | and the Oil Conservation | APPROVED | , 19 |
| a i i i i a baaa aamallad | regulations of the Oil Conservation with and that the information giver | | |
| Commission have been compiled | ne best of my knowledge and belief. | BY Original State | 1,1 70, 111,112 |

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

TITLE _

Authorized

8/8/79

(Date)

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