HO. OF COPIES RECEIVED		15	1
DISTRIBUTION			
SANTA FE		1	
FILE		17	
U.\$.G.\$.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	1	
OPERATOR		2	

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 Effective 1-1-65 AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS 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) Change in Transporter of: To change Operator name from Mobil Oil Dry Gas Recompletion Oil Corporation. Change in Ownership Casinghead Gas Condensate (Effective Date: 1-1-1980) If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE ell No.: Pool Name, Including Formation Kind of Lease Lease No State, Federal or Fee Jicarilla "D" Gavilon Pictured Cliffs Federal NM-48 990 N \_ Feet From The \_\_South \_Line and \_ 1650 Unit Letter Feet From The West Line of Section 24 Township 26-N Range , NMPM, 3W Rio Arriba County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) None
Name of Authorized Transporter of Casinghead Gas or Dry Gas 📆 Address (Give address to which approved copy of this form is to be sent) 30th St. Fa Northwest Pipeline Corp Farmington, NM Unit Sec. Two. P.ge. is gas actually connected? If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: 2200 IV. COMPLETION DATA Workover Deepen Plug Back Same Res'v. Diff, Res'v. Designate Type of Completion - (X) Date Compl. Ready to Prod. Total Depth Date Spudded P. B. T. D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oll/Gas Pay Tubing Depth Perforations Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Length of Test Tubing Pressure Casing Pressure Water - Bbis. Actual Prod. During Test Oil - Bbis. **OCT 2** 0 1979 **GAS WELL** Length of Test Bbls. Condensate/MMCF Gravity Actual Prod. Test-MCF/D Tubing Pressure (Shut-in ) Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) OLT 2 9 1979 VI. CERTIFICATE OF COMPLIANCE APPROVED 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. Original Signed by A. R. Kendrick SUPERVISOR DISTRICT 單 3 TITLE This form is to be filed in compliance with RULE 1104. Becky newjah 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. (Signalure) Authorized Agent All sections of this form must be filled out completely for allowable on new and recompleted wells. (Title) 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. October 31. 1979

Separate Forms C-104 must be filed for each pool in multiply