HO. OF COPIES RECEIVED							
DISTRIBUTE			1				
SANTA FE		1	†	1			
FILE		17					
U.S.G.S.							
LAND OFFICE							
TRANSPORTER	OIL						
	GAS	1					
OPERATOR	Z						
PROPATION OFF							
Operator Mobil Prod	ucing	Te	xas	δ			
Address							
9 Greenway				te			
Reason(s) for filing (Check p	roper	box)				
New Well							
Recompletion							
Change to Oursell							

-110

	SANTA FE		4		REQUES	T FOR ALI	ATION COMMISSION	N	Form C-104		
	AND							Supersedes Old C-104 and C- Effective 1-1-65			
	LAND OFFICE	_	+		AUTHORIZATION TO TO	RANSPORT	OIL AND NATU	RAL GAS			
	TRANSPORTER OIL			\exists							
	GAS /										
_	OPERATOR		4								
I.	PRORATION OFFICE .										
	Mobil Producing Texas & New Mexico Inc.										
	Address	ddress									
	9 Greenway Pla	9 Greenway Plaza, Suite 2700, Houston, TX 77046									
	New Well	w Well Check proper box) Other (Please explain)									
	Recompletion	Change in Transporter of: To change Operator Oil Dry Gas Corporation							name from Mobil Oil		
	Change in Ownership				Corporation. (Effective Date: 1-1-1980)						
	If change of ownership gir and address of previous o	ve na wner	me					itive Da	te: 1-1-1980)		
11.	DESCRIPTION OF WEI	LL A	NI	LE	ASE Well No. Pool Name, Including	Formation		,			
	Jicarilla B				1 _ 1	iesa Verd		Lease Federal or Fe	Lease No.		
	Location		_						• Federal		
	Unit Letter A	Unit Letter A : 990 Feet From The West Line and 1190 Feet From The East									
	Line of Section 19)	Т	ownsh	nip 26-N Flange	2 11		_			
					20-IV Runge	3-W	, NIMPM,		Rio Arriba County		
III.	DESIGNATION OF TRA	INSP	OF	RTEF	R OF OIL AND NATURAL G						
	Name of Authorized Transpo	orter o	10	11	or Condensate XXXX	Address (G	ive address to which	approved co	py of this form is to be sent)		
	Name of Authorized Transpo	rter o	f C	asingi	nead Gas or Dry Gas XX	Address (G	ive address to which	annon	by of this form is to be sent)		
	North West Pipe L	ine	C	orp,	, System	3	539 E 30th St	t. Farmi	ngton, NM 87401		
	If well produces oil or liquid	is,		Un	it Sec. Twp. P.ge.	ls gas actu	ally connected?	When	0 ,		
Į	give location of tanks.			<u> </u>			es	1			
IV.	If this production is commi COMPLETION DATA	ingle	iw	ith th	at from any other lease or pool,	give commi	ngling order numbe	r:	b .		
		1	- 4 *		Oil Well Gas Well	New Well	Workover Deep	en Plug	Back Same Res'v. Diff. Res'v.		
ļ	Designate Type of C	omp	eti		<u> </u>			. !	, bitt. Nes-v.		
	Date Spudded			Dat	te Compl. Ready to Prod.	Total Depti	1	P.B.	T.D.		
ŀ	Elevations (DF, RKB, RT, G	R. etc	. i	Nat	me of Producing Formation	Top Oil/Ga	a Davi				
		,,	,			Top On/Gd	s Pdy	Tubii	ng Depth		
Γ	Perforations					<u> </u>		Depti	a Casing Shoe		
-											
-	HOLE SIZE		Т—	TUBING, CASING, AN	D CEMENTI						
l				+-	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
											
-				<u> </u>							
1 7 2				<u></u>		<u>i</u>					
v. (TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable. OIL WELL										
Ī	Date First New Oil Run To T	ank s		Date	e of Test		ethod (Flow, pump,	as lift, etc.)			
	Length of Test			Tub	ing Pressure	Casing Pres	swe	Choke	Size		
-	Actual Prod. During Test			011-	- Bbls.	Water - Bble.		Gas -	105		
								Gas			
-			<u> </u>					The same			
	GAS WELL Actual Prod. Test-MCF/D Length of Test										
	Actual Prod. 1001-MCF/D			Lend	gth of Test	Bbis. Conde	nagte/MMCF	Gravit	y el Condensate		
-	Testing Method (pitot, back p	r.)		Tubi	ing Pressure (Shut-in)	Casing Presi	eure (Shut-in)	Choke	Size		
L							,		**************************************		
I. C	ERTIFICATE OF COM	ERTIFICATE OF COMPLIANCE				OIL CONSE	RVATION	COMMISSION			
C	ommission have been con	nolied	l w	rith a	tions of the Oil Conservation and that the information given	APPROVED 00 2 9 1979 , 19 By Original Rigard by A. 2. Tendrick					
at	pove is true and complete	to	the	best	of my knowledge and belief.						
					TITLE This form is to be filed in compliance with RULE 1104.						
	0										
_	Decky nountri										
		त्य	ena	twe)	V I	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					
	Authorized Agent (Title) October 31, 1979				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.						
_	Octob		31 Dat		1/9	Fill o	out only Sections :	I. II. III. an	nd VI for changes of owner, her such change of condition.		
	{						Separate Forms C-104 must be filed for each pool in multiply				