TRANSPORTER GAS / OIL / OPERATOR / PRORATION OFFICE

I. OPERATOR

Mobil Oil Corporation

Address

Box 633, Midland, Texas

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:			
Recompletion	☐	Oil	☐	Dry Gas	X
Change in Ownership	☐	Casinghead Gas	☐	Condensate	☐

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
Chavez Federal	2	Blanco Mesaverde	Federal	

Location

Unit Letter M : 990 Feet From The South Line and 990 Feet From The West

Line of Section 17 Township 26-N Range 2-W NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate X	Address (Give address to which approved copy of this form is to be sent)
Plateau Inc	Box 108, Farmington, NM 87401
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas XX	Address (Give address to which approved copy of this form is to be sent)
North West Pipe Line Corp. System	501 Airport Dr., Farmington, N. M. 87401

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					Yes	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.,	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
Perforations			**Depth Casing Shoe**

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 for this 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.)	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**

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)

Authorized Agent

(Title)

12-4-73

(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 7 1974, 19

BY Original Signed by A. R. Kendrick

PETROLEUM ENGINEER DIST. NO. 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 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