

2010-1-1-68 OIL CONSERVATION COMMISSION TO TRANSFER OIL AND NATURAL GAS

TRANSPORTER	1
GAS	1
COMPLETION	1
OPERATION SERVICE	1

Address: Mobil Oil Corporation
Box 633, Midland, Texas

Person(s) for filing (check proper box):
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☒
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: Chevy Federal Well No.: 1 Blaca mesa verde Kind of Lease: Federal / State, Federal or Fee Lease No.:
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 ☒ Plateau Inc Address (Give address to which approved copy of this form is to be sent): Box 108, Farmington, NM 87401
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ North West Pipe Line Corp. System Address (Give address to which approved copy of this form is to be sent): 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 Res'v.	Diff. Res'
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RAB, RT, CR, 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 OIL WELL

(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)

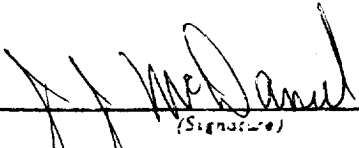
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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

12-4-73

(Date)

OIL CONSERVATION COMMISSION

FEB 7 1974

APPROVED BY: Original Signed by A. R. Kendrick, 19
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 for this 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 a lease of oil well name or number, or trans, inter, or other such change of condition.
Separate forms O-114 must be filed for each oil well tested.