

AUTHORIZED TO TRANSPORT OIL AND NATURAL GAS

LAND OFFICE	
TRANSPORTER	OIL ☒ GAS ☐
OPERATOR	☒
REGISTRATION OFFICE	

I. OPERATOR

Mobil Oil Corporation

Address

Box 633, Midland, Texas

Reason(s) for filing (Check proper box)

New Well ☐

Recompletion ☐

Change in Ownership ☐

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☒

Condensate ☐

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Licacilla "H"</u>	Well No. <u>6</u>	Pool Name, including Formation <u>Blanco Mesavende</u>	Kind of Lease <u>Federal</u> State, Federal or Fee	Lease No.
Location Unit Letter <u>M</u> : <u>990</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>West</u> Line of Section <u>2</u> Township <u>26-N</u> Range <u>3-W</u> NMPM <u>N10 Aciba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ <u>Plateau inc</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 108, Farmington, NM 87401</u>	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ <u>North West Pipe Line Corp. System</u>	Address (Give address to which approved copy of this form is to be sent) <u>501 Airport Dr., Farmington, N. M. 87401</u>	
If well produces oil or liquids, give location of tanks. Unit <u>M</u> Sec. <u>2</u> Twp. <u>26-N</u> Rge. <u>3-W</u>	Is gas actually connected? <u>Yes</u>	when

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'tv.	Diff. Res'tv.
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 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]
(Signature)

12-4-73

(Date)

OIL CONSERVATION COMMISSION

FEB 7 1974

APPROVED _____, 19

BY Original signed by A. B. Kendrick

TITLE PETROLEUM ENGINEER DIST. NO. 3

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 wells on which this form is filed must be drilled out completely for allowable production in completed wells.

File 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 OCS-1 must be filed for each well in multiple