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DISTRIBUTION			
SANTA FE			
FILE		1	4
u.s.g.s.			
LAND OFFICE			
TRANSPORTER	OIL	. /	
	GAS	/	
OPERATOR		1	
PRORATION OFFICE		İ	

}	SANTA SE		ONSERVATION COMMISSIO			
ŀ	SANTA FE	REQUEST I	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65		
-			AND			
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NAT	URAL GAS		
Į	LAND OFFICE					
	TRANSPORTER GAS /			•		
ŀ	OPERATOR /					
1.	PRORATION OFFICE					
	Operator Waldin Odin Componention					
- 1	Mobil Oil Corporation					
İ		East, Suite 800, Houston	. Texas 77046			
ŀ	Reason(s) for filing (Check proper box)		Other (Please exp	lain)		
	New Well X	Change in Transporter of:				
	Recompletion	OII Dry Gar	s 🔲			
ļ	Change in Ownership	Casinghead Gas Conden	isate			
1						
	If change of ownership give name and address of previous owner					
11.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	ormation Kin	d of Lease Lease No.		
	Jicarilla "H"	2-A Blanco Mesa V	'erde Sta	te, Federal or Fee Federal		
	Location					
	Unit Letter P : 990	O Feet From The South Lin	e and 990 F	eet From The East		
	Line of Section 2 Tow	mship 26-N Hange	3-W , NMPM,	Rio Arriba County		
		and on our last statement of				
III.	DESIGNATION OF TRANSPORT	or Condensate X	Address (Give address to w	hich approved copy of this form is to be sent)		
			Box 108, Farmington, NM 87401			
	Plateau, Inc. Name of Authorized Transporter of Cas	inghead Gas or Dry Gas X		hich approved copy of this form is to be sent)		
	Northwest Pipe Line Co		501 Airport, Fa	501 Airport, Farmington, NM		
		Unit Sec. Twp. P.ge.	Is gas actually connected?	When		
	If well produces oil or liquids, give location of tanks.	P 2 26-N 3-W	No	waiting on gas connx		
	If this production is commingled wit	th that from any other lease or pool,	give commingling order nu	mber:		
	COMPLETION DATA	Oil Well Gas Well		Deepen Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completio		X			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	6-12-76	7-12-76	6100	6050		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	7038 GR	Blanco Mesa Verde	5394	5211		
	Perforations 5454-5498, 580	0-5898, 5900-5920, 5504-	-5564, 5636-5680,	Depth Casing Shoe		
	5394-5398, 5400-5480	Total of 99 Holes		6100		
			D CEMENTING RECORD	CA CAC CENENT		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT 215x circ		
	12-1/4	8-5/8	6100	1900x		
	7-7/8	4-1/2	0.100	1900x		
	The state of the s	OD ATTOWARTE (Test must be a	ofter recovery of total volume	of load oil and must be equal to or exceed top allow		
V.	OIL WELL	able for this de				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pr	ump, gas lift, etc.)		
				Choke Size		
	Length of Test	Tubing Pressure	Casing Pressure	Chore Size		
			Water-Bbls.	Gas-MCF		
	Actual Prod. During Test	Oil-Bbls.	Water - Bara.	24		
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	2.054	24	8	52.2		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shat-iz			
	-	1187	1187	24/64		
vi	CERTIFICATE OF COMPLIAN	CE		NSERVATION COMMISSION		
¥ I.			SF.	2 1976 , 19		
	I hereby certify that the rules and	regulations of the Oil Conservation	AFFROVED			
	A I I I I I I I I I I I I I I I I I I I	WITH AND TOME LOG MICHINETION ESTEN	1 02 45 1464 0 4	gned by A. k Kendrick		
	about is this and complete to the	6 Dest of MA Knowledge site perfor-				
	above is true and complete to the	e best of my knowledge and belief.		Calculation 2131. a		
	above is true and complete to the	()	TITLE	filed in compliance with RULE 1104.		

bove is true and complete to the best of my k	nowledge and belief.
I Mal and	
(Signature)	
\Authorized Agent	
(Title)	
8-27-76	

(Date)

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 tosts taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allow able 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