40. 0: COPIES RECEIVED			
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FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104 Supersedes Old C-104 and C

ł	FILE	, KEMDESI	FUR ALLOWABLE	Supersedes Old C-104 and C-11: Effective 1-1-65		
ł	U.S.G.S.	AUTHORIZATION TO TRA	AND NSPORT OIL AND NATURAL G	AC		
ł	LAND OFFICE	ADMORIZATION TO TRA	MISTORY OIL AND MATORAL G	~3		
İ	TRANSPORTER GAS		,			
ł	OPERATOR	1				
1.	PROPATION OFFICE	<u> </u>				
	Operator Mobil Producing TX. & N	M Inc				
ŀ	Address	i.ri. Iiic.				
	Nine Greenway Plaza, Su	ite 2700, Houston, Texas	77046			
1	Reason(s) for Illing (Check proper box)	Other (Please explain)			
	New Well	Change in Transporter of:		idensate gatherer to		
-	Recompletion	Oti Dry Ga Casinghead Gas Conden		, effective November 1,		
L	Change in Ownership	Cashighead data connect	1,304.			
	If change of ownership give name and address of previous owner					
n.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including Fo	primation Kind of Lease	Tránnilla Legge No.		
İ	Lease Name	1 _ 1		-JICHKIII #		
.	Jicarilla H	2-A Blanco Mesa V	erue j	-Tederar)		
	Unit Letter P : 99	O Feet From The South Lin	e and 990 Feet From T	ne East		
						
	Line of Section 2 Tox	waship 26-N Range	_3-W , NMPM,	Rio Arriba County		
	THE STATE OF THE ANCHOR	TER OF OUT AND NATURAL GA	c			
II.	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approv	ed copy of this form is to be sent)		
	The Permian Corporation	Permian (Eff. 9 / 1 /6/)	P. O. Box 1183, Houstor	, Texas 77001		
	Name of Authorized Transporter of Car	singhead Gas Or Dry Gas XX	1	o which approved copy of this form is to be sent)		
	Northwest Pipeline Cor		3539 E. 30th St., Farmi			
	If well produces oil or liquids,	Unit Sec. Twp. Rge. P 2 26-N 3-W	Is gas actually connected? Whe	n		
1	give location of tanks.	<u></u>	Yes	•		
	If this production is commingled wi COMPLETION DATA	th that from any other lease or pool,	give commingling order number:			
١.		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completic	on – (X)	<u> </u>			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
1	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Lievations (DF, RRD, RI, GR, Ele.)					
ł	Perforations	<u> </u>		Depth Casing Shoe		
-				<u> </u>		
			CEMENTING RECORD	SACKS CEMENT		
- 1	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
- 1						
			1	<u> </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 for this depth or be for full 24 hours)					
	OII. WELL	Date of Test	Producing Method (Flow, pump, gas lif	i, etc.)		
	Date First New Oil Run To Tanks	Date d. 1001				
	Length of Teet	Tubing Pressure	Casing Pressure	Chare Size		
	- •			Gge - MCF		
	Actual Prod. During Test	Oil-Bbls.	Water-Bble.	Gas-wcr		
1			1 NOV 63 +			
	GAS WELL					
1	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate MMCF	Gravity of Condensate		
			<u> </u>			
i	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-18)	Choke Size		
			OU CONSERVA	TION COMMISSION		
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA			
			APPROVED	NOV 65 1984		
	Commission have been complied t	regulations of the Oil Conservation with and that the information given	\[\langle \]	70)		
above is true and complete to the best of my knowledge and belief.		SUPERVISOR DISTRICT #				
			TITLE			
11/10/11			This form is to be filed in a	compliance with RULE 1104.		
	(Signature) Authorized Agent (Title) 10-26-84 (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 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.			
			If well same or number, or transport	ert or offiger affert erremen an annual		
			Separate Forms C-104 must be filed for each pool in multiply			