LO. OF COPIES RECI	HARD	15	}
DISTRIBUTION			
SANTA FE		17	,
FILE		17	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	I_i	
	GAS	1	
OPERATOR .		$\int_{\mathcal{L}}$	
PRORATION OFFICE			<u> </u>
Operator			
Mohi	1 0f1	Co	rnc

WEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

FILE	The Action of	AND		Effective 1-1-6	.5
U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND N	ATURAL GAS		
LAND OFFICE	NOT THE COLUMN TO THE COLUMN T				
TRANSPORTER OIL /			•		
GAS /					
OPERATOR . /				•	
PRORATION OFFICE					
Operator Mobil Oil Corpor	ation				
Address	acton				
	East, Suite 800, Housto	on, Texas 7704	6		İ
Reason(s) for filing (Check proper box)		Other (Please	explain)		
New Well	Change in Transporter of:	<u>.</u> j			
Recompletion	Oil Dry Gas				
Change in Ownership	Casinghead Gas Condens	ate		ii	
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND I	EASE Well No. Pool Name, Including For		Kind of Lease		Lease No.
Lease Name		_	State, Federal or	Fee Palacal	000098
Jicarilla B	3A Blanco Mesa Ve	erde		rederal	1000049
Location	ç	. 000	B S Mb.	F	
Unit Letter P; 990	Feet From The S Line	and 990	reet rom the		
Line of Section 20 Tow	nship 26N Range 3V	J NMPN	Rio Arri	Ъа	County
Line of Section ZU Tow	namp ZON Name 37	Y	·		
DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	s			1
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, Farmi	ngton, NM	87401	
Name of Authorized Transporter of Cas.	Inghead Gas 🔲 💮 or Dry Gas 💢	Address (Give address	to which approved.	copy of this form is	to be sent)
Northwest P. L. Corp.		3539 E. 30th S		ton, NM 87	401
If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connect			_
give location of tanks.	P 20 26N 3W	No	<u> </u>	ting on com	nection
If this production is commingled wit	h that from any other lease or pool, a	give commingling orde	r number:		
COMPLETION DATA		New Well Workover		lug Back Same Re	s'v. Diff. Res'v.
Designate Type of Completio	n = (X)	1	Deepen	rug Data	1
		X Total Depth		P.B.T.D.	
Date Spudded	Date Compl. Ready to Prod.	6172		6160	
11/23/76	3/16/77 Name of Producing Formation	Top Oil/Gas Pay	7	Subing Depth	
Elevations (DF, RKB, RT, GR, etc.) 7183	Mesa Verde	5583'		5684	
Perforations	Tiesa verae		Ē	Pepth Casing Shoe	
5584-5676' (sqzd.), 5698	3-5912, 6012-6136'			6172'	
	TUBING, CASING, AND	CEMENTING RECO	RD		
HOLE SIZE	CASING & TUBING SIZE	DEPTHS		SACKS CE	MENT
12-1/4"	8-5/8"	287		300x	
7-7/8"	4-1/2"	6172		1800x	
	2-3/8"	5684			
		<u> </u>			
. TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a)	fter recovery of total vol	ume of load oil and	i must be equal to o	exceed top allow-
OIL WELL	aute jo. tim ac	pth or be for full 24 how Producing Method (Fla		etc.)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (1 to	w, pamp, and on,		
	Tubing Pressure	Casing Pressure	· ·	Choke Size	1 1 1
Length of Test	Inplud bisseme			∲ gan sam osmo de S	*
Tool	Oil-Bbls.	Water - Bbls.		Gas-MCF	344
Actual Prod. During Test				lan con c	OM L
				The state of	
				No.	·
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MM	CF	Gravity Condensa	
713	24 hrs.	5 BOPD		48.20 600	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shu	t-in)	Choke Size	
Back pressure	773#			3/4"	
		OIL	CONSERVAT	TON COMMISSI	ON
. CERTIFICATE OF COMPLIAN	CE			1	
		APPROVED			-
	regulations of the Oil Conservation with and that the information given	Original	a Park	<i>i</i>	Service Control
above is true and complete to the	best of my knowledge and belief.				
		TITLE			
	1	12		mpliance with RU	
$(1, 1, \dots, 1)$		11	munes for allowed	hia for a newly dr	illed or deepened
- Ulivara Allana		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 well, this form the most in accordance with BULE 111.			
(Sign	Il sames taken on the	.a.tm taken on the well in accordance with RULE			
Authorized Agent (Title)		All sections of this form must be filled out completely for allowable on new and recompleted wells.			
•	Fill out only	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.			
10/24/77	· · · · · · · · · · · · · · · · · · ·	li mame or numi	er, or transporte	n or other such che	inge of condition.
	ate)	Metr wave or man			
Įb	ate)	Separate For	ma C-104 must	be filed for each	pool in multiply