

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
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SEP 23 1987

OIL CON. DIV
DIST. 3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Mobil Oil Corporation

Address
P. O. Drawer G, Cortez, Colorado 81321

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla D	Well No. 16	Pool Name, including Formation NE Ojito Gallup Dakota	Kind of Lease State, Federal or Fee Indian	Lease No. #99
Location				
Unit Letter M : 900 Feet From The South Line and 900 Feet From The West				
Line of Section 23 Township 26 North Range 3 West, NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Permian Corporation	Box 1183, Houston, Texas
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Northwest Pipeline Corporation	3539 E. 30th St., Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit M Sec. 23 Twp. 26N Rge. 3W	No

If this production is commingled with that from any other lease or pool, give commingling order number: N/A

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Clyde F. Benally
(Signature)
Staff Environmental Engineer
(Title)
September 22 1987
(Date)

OIL CONSERVATION DIVISION

SEP 23 1987

APPROVED _____
BY _____ Original Signed by FRANK T. CHAVEZ

TITLE _____ SUPERVISOR DISTRICT # 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 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.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X					
Date Spudded 7.9.87	Date Compl. Ready to Prod. 9.10.87	Total Depth 8500'				P.B.T.D. 7946'			
Elevations (DF, RKB, RT, CR, etc.) GL: 7309'	Name of Producing Formation Gallup-Dakota	Top Oil/Gas Pay 7080'				Tubing Depth 7551			
Perforations 7080-7534						Depth Casing Shoe 8500			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4" - 430'	8-5/8", KSS ST&C		430		350				
7-7/8" - 8500	5-1/2", IS.S, K.SS, ST&C		8500		1735 TXI				

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)

Date First New Oil Run To Tanks 9.18.87	Date of Test 9.22.87	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hr.	Tubing Pressure --	Casing Pressure --	Choke Size N/A
Actual Prod. During Test	Oil - Bbls. 52	Water - Bbls. 18	Gas - MCF 48

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