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OIL
GAS

I. OPERATOR

Mobil Oil Corporation

Box 633, Midland, Texas 79701

Reason for Filing (Check proper box)

New Well
Recompletion
Change in Operator

Other (Please explain)

If this is a change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Jicarilla "G"	3	Blanco Mesa Verde	State, Federal or Fee Federal	

Location

Unit Letter M : 990 Feet From The South Line and 990 Feet From The West

Section 35 Township 27-N Range 3-W NMPM Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil X — Address (Give address to which approved copy of this form is to be sent)

Placeau, Inc. — Box 108, Farmington, N.M. 87401

Name of Authorized Transporter of Casinghead Gas or Dry Gas X — Address (Give address to which approved copy of this form is to be sent)

North West Pipe Line Corp. System — 501 Airport Dr., Farmington N.M. 87401

If well produces oil or liquids, give location of tanks. M 35 27-N 3-W — Is gas actually connected? Yes

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'v.	Diff. Res'v.

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 (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)

OIL WELL

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. — Gravity of Condensate

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OIL CON. COM.
DIST. 3

GAS WELL

Actual Prod. Test-MCF/D — Length of Test — Bbls. Condensate/MMCF — Gravity of Condensate

Testing Method (pitot, 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.

Author Prod Agent

(Title)

OIL CONSERVATION COMMISSION

APPROVED FEB 7 1974, 19

BY

PETROLEUM ENGINEER DIST. NO. 3

TITLE

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly completed or recompleted well, it must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.