

NOTICE TO FILE TO TRANSPORT OIL AND NATURAL GAS

TRANSPORTER
 OIL
 GAS 1

OPERATOR 2

OPERATION OFFICE

Operator
 Mobil Oil Corporation

Address
 Box 633, Midland, Texas

Reason(s) for filing (check proper box) Other (Please explain)

New Well Change in Transporter of: Oil Dry Gas

Recompletion Casinghead Gas Condensate

Change in Ownership

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Jicarilla "G" Well No.: 5 Prod. Name, including formation: Cavilan Pictured cliffs Kind of Lease: Federal Lease No.:

Location: Unit Letter M; 990 Feet From The South Line and 890 Feet From The West Line of Section 25 Township 27-N Range 3-W N.M.P.M. Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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

None

Name of Authorized Transporter of Casinghead Gas or Dry Gas 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. Unit Sec. Twp. Rge. Is gas actually connected? when

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 Resrv.	Diff. Resrv.
<input checked="" type="checkbox"/>								
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.			
Elevations (DF, R&B, 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 OIL WELL

(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	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.	Gas-MCF

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

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.

[Signature]
 (Signature)

Authorized Agent

12-4-73

(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 7 1974 19

BY Original Signature of [Name]

TITLE PETROLEUM ENGINEER DIST. NO. 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 or initialed for allowable on new and reworked wells. Fill out only Sections I, II, III, and VI for changes of ownership, well name or number, or transporter or other such change of condition. Separate Forms C-104 must be filed for each pool in multiple.

