Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

See instructions at Bottom of Page

DISTRICT II

P.O. Box 2088 na Fe. New Mexico 87504-2088

P.O. Diene DO, Admen, 14th desire		Sain	I Pe, New IVE	CAICO 6750	7-2000				
DISTRICT III 1000 Rio Brazos Rd., Azlec, NM 87410			R ALLOWAE						
I. _	•	TO TRAN	SPORT OIL	. AND NAT	TURAL G	<u>AS</u>			
Operator						Well	IPI No.		
Mobil Producing TX. & N.M. I	nc., Thru	its Ager	t Mobil Expl	. & Prod.	U.s. Inc.				
Address P.O. Box 633 Midland, T	exas 79	702							
Reason(s) for Filing (Check proper box)				Othe	e (Please exp	lain)			
l []		Change in Tr	anaporter of:	TO	CHANGE (OIL/CONDE	NSATE GA	THER TO G	iARY
New Well	Oil		ry Gas	WI	LLIAMS EI	NERGY COP	R. EFFEC	TIVE 6-1-	90
Recompletion	Casinghead		ondennate						
Change in Operator If change of operator give name	California							····	
and address of bisacions obsistor.						, , , , , , , , , , , , , , , , , , , 	, , , , , , , , , , , , , , , , , , , 		
II. DESCRIPTION OF WELL							Carla		
Lease Name					_		rederal or Fe		ar nu
Jicarilla G		5	Blanco M	lesa Ve	rde				
Location Unit Letter M	. 990	F	et From The _S	Line	and89	0' Fo	et From The .	W	Line
	07 17	9.	2 77	NA.	PM. Ric	o Arrib	na .		County
Section 25 Township	•27-N	, K	3-W	11/10	IFM, ICI	OMITIA	<u> </u>		
III. DESIGNATION OF TRAN	SPORTE	R OF OIL	AND NATU	RAL GAS	-44	hich approved	anni ad ihia l	ione io to be se	
Name of Authorized Transporter of Oil		or Condensat		1					
Gary-Williams Energ	v Cor			Rep. Pl., 370 17St. St. Address (Give address to which approved a			e 5300	Den C	<u> </u>
Name of Authorized Transporter of Casing	héad Gas	of	Dry Cas 🔀	1			-		
Northwest Pipeline	Corpo	<u>ration</u>						City,	UT 8411
If well produces oil or liquids, nive location of tanks.		Sec. T	wp. Rge. 7−N <mark>1</mark> 3W	is gas actually	connected?	Whea	7		
If this production is commingled with that f				ing order numb	er:				
IV. COMPLETION DATA	iom any our					· <u>·</u>			
	~ \	Oil Well	Ges Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion		Beedy to B	<u></u>	Total Depth		<u> </u>	P.B.T.D.	<u> </u>	
Date Spudded	Date Compi. Ready to Prod.						F.B.1.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing Form	ation	Top Oil/Gas Pay			Tubing Depth		
	<u> </u>		 	Depth Casing Shoe					
Perforations								•	
	TUBING, CASING AND			CEMENTING RECORD			<u> </u>		
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
THOSE OFF	CASING S (SSI)								
	 								
	<u> </u>								
	 								
V. TEST DATA AND REQUES	T FOR A	LLOWAB	LE						
OIL WELL (Test must be after re	covery of lo	al volume of	load oil and must	be equal to or	exceed top all	owable for this	depth or be	for full 24 hou	<u>'s.)</u>
Date First New Oil Run To Tank	Date of Test			Producing Me	thod (Flow, p	ump, gas lýt, e	u.)		
				Casing Press		* · · · · ·	Choke Size		
Leagth of Test	Tubing Pressure			Canal Labore 12					
Actual Prod. During Test	Oil - Bbls.			Water - Bola JUN 1 1000			Gas- MCF		
				OIL CON. DI			₩.		
GAS WELL								All all size	· · · · · · · · · · · · · · · · · · ·
Actual Prod. Test - MCF/D	Length of	est		Bbis. Condensate/MMCF) 51. 3			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pre	saure (Shut-in)	Casing Pressure (Shut-in)			Choke Size		
	. = -=			<u> </u>		····			
VL OPERATOR CERTIFIC		(OIL CO	VSERV	ATION	DIVISIO	N		
I hereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION					
Division have been complied with and is true and complete to the best of my h	that the infor	mation given	₽00∧£		A =	JU	N 1 1 19	JJU	
In three and countries in the new or till i				II Date	Approve	:			

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

SHRLEY TOOD

Printed Name 6-8-90

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title.

SUPERVISOR DISTRICT #3

2) All sections of this form must be filled out for allowable on new and recompleted wells.

MODIL EXPLORATION & PRODUCING U.S. INC.

MON 6 . . <u>THE PROJECTAL</u> Title

(915)688-2585 Telephone No.

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Senarate Form C-104 must be filled for each nool in multiply completed wells.