Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

# AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | | |
|---|---|---|
| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRORATION OFFICE | | |

I. 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: | | |
| Recompletion | | Oil | Dry Gas X | |
| Change in Ownership | | Casinghead Gas | Condensate | |

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

II. DESCRIPTION OF WELL AND LEASE

| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease (State, Federal or Fee) | Lease No. |
|---|---|---|---|---|
| Jicarilla "F" | 6 | Gavilan Pictured Cliffs | Federal | |

Location

Unit Letter A ; 990 Feet From The North Line and 990 Feet From The East

Line of Section 27 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 ☐ or Condensate ☒ | Address (Give address to which approved copy of this form is to be sent) |
|---|---|
| Plateau, Inc. | Box 108, Farmington, NM 87401 |
| Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas XX | 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 |
|---|---|---|---|---|---|---|
| | A | 27 | 27-N | 3-W | 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't |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

| 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.** | **Gas-MCF** |
| | | | |

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.

(Signature)

Authorized Agent

12-4-73
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 7 1974, 19

BY Original Signed by P. T. Hendrick

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 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 Form C-104 must be filed for each pool in multiply