

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

TRANSPORTER	<u>Oil</u>
OPERATOR	<u>1</u>
PRODUCTION OFFICE	<u>2</u>

Name <u>Mobil Oil Corporation</u>	
Address <u>Box 633, Midland, Texas</u>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☒
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 <u>Llano G</u>	Ac. No. <u>2</u>	Prop. Name, including Formation <u>Blanco Mesa Verde</u>	Kind of Lease <u>Federal</u>	Lease No.
Location				
Unit Letter <u>A</u>	<u>990</u>	Feet From The <u>North</u>	Line and <u>990</u>	Feet From The <u>East</u>
Line of Section <u>25</u>	Township <u>27-N</u>	Range <u>3-W</u>	<u>NMPM, Rio Arriba</u> 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)
<u>NONE</u>	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
<u>North West Pipe Line Corp. System</u>	<u>501 Airport Dr., Farmington, N. M. 87401</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <u>Yes</u> when

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 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

FEB 7 1974

APPROVED _____, 19

BY Original Signed by A. R. Kendrick

TITLE PETROLEUM ENGINEER DIST. NO. 3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowance for a newly drilled or deepened well, this form must be accompanied by a statement of the deviation from the standard well construction and the well log.

Approved copies of this form must be filed with the Commission for allowance for a newly drilled or deepened well.

Fill out 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 multiple.