

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

TRANSPORTER	OIL
	GAS
ORIGINATOR	2
REGISTRATION OFFICE	

Address
Mobil Oil Corporation
Box 633, Midland, Texas

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

New Well	☐	Change in Transporter of:	
Redemption	☐	Oil	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☒
		Condensate	☐

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Leocilla "G"</u>	Well No. Pool Name, including Formation <u>8 Gavilan Pictured Cliffs</u>	Kind of Lease <u>Federal</u> State, Federal or Fee	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>26</u>	Township <u>27-N</u>	Range <u>3-W</u>	County <u>Rio Arriba</u>

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>

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 Restv.	Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, CR, 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	Testing 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.)	Testing 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.

J. J. McDaniel
(Signature)

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 30 CFR 1104.

If this is a new well, or a well that has been plugged or deepened, this form must be filed with the Commission within 30 days of completion of the well.

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Fill out only sections I, II, III, and IV for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-114 must be filed for each pool in multiple