

5 1 ✓ AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Summary of Oil and Gas Production in Texas

TRANSPORTER OF OIL AND GAS
OPERATOR
REGISTRATION OFFICE

1. OPERATOR

Mobil Oil Corporation
Box 633, Midland, Texas

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

New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☒ Y
 Recombination ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner

B. DESCRIPTION OF WELL AND LEASE

Lease Name: Siacilla G Well Name, including Formation: 8 Blanco Mesquite Kind of Lease: Federal Lease State, Federal or Fee
 Location: Unit Letter A; 990 Feet From The North Line and 990 Feet From The East Line of Section 26 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 None or Condensate ☒ Address (Give address to which approved copy of this form is to be sent)
 Name of Authorized Transporter of Casinghead Gas None 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? Yes 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't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RAB, 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 (pucc, 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.

J. J. McDaniel
 (Signature)
 12-4-73
 (Date)

OIL CONSERVATION COMMISSION

FEB 7 1974

APPROVED _____, 19____
 BY Original Signed by A. R. Kendrick
 PETROLEUM ENGINEER DIST. NO. 3
 TITLE _____

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 deviate tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out on a separate sheet for all wells on new and reworked lease areas.
 Fill out only Sections I, II, III, and VI for changes of ownership, well name or number, or transporter or other such change of conditions.
 Separate Forms C-104 must be filed for each pool in multi-