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 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form No. 1
 Supersedes O.C.C. Form No. 1
 Effective 1-1-65

TRANSPORTER	1
OPERATOR	2
REGISTRATION OFFICE	

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
 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 Licacilla E Well No. 3 Pool Name, including Formation Garitan P.C. Kind of Lease Federal Lease No.
 State, Federal or Fee

Location
 Unit Letter M; 990 Feet From The South Line and 990 Feet From The West

Line of Section 22 Township 27-N Range 3-W NMPN, 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)
None

Name of Authorized Transporter of Casinghead Gas 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? 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.								
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Total Depth			P.B.T.D.		
Perforations				Top Oil/Gas Pay			Tubing Depth		
							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 (spot, 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)

12-4-73
 (Date)

OIL CONSERVATION COMMISSION

APPROVED FER 7 1974, 19
 BY Joseph Eugene ...
 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 deviation tests taken on the well in accordance with RULE 1104.
 All sections of this form must be filled out on all wells, regardless of whether they are producing or not.
 Fill out only Sections I, II, III, and VI for changes of status, well name or number, or transporter or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply