

Form No. 1
Revised for 1974-1975
Effective 1-1-75

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NAME OFFICE	
TRANSPORTER	
LEASING	1
OPERATOR	2
REGISTRATION OFFICE	

Operator Mobil Oil Corporation	
Address Box 633, Midland, Texas	
Reason(s) for filing (check proper box)	
New Well ☐	Change in Transporter or:
Recompletion ☐	Oil ☐ Dry Gas ☒
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐
Other (Please explain)	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Licarilla "F"	Well No. 3	Pool Name, including Formation Blanca Mesavende	Kind of Lease Federal	Lease No.
Location				
Unit Letter M	: 976	Feet From The South	Line and #550	Feet From The East West
Line of Section 22	Township 27-N	Range 3-W	N.M.P.M. 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'tv.	Diff. Res'tv.
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)

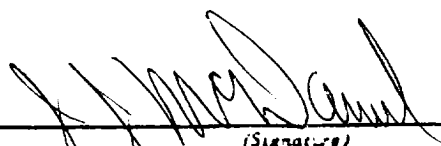
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puot, 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)
J. M. Daniel
(Name)

12-4-73

(Date)

OIL CONSERVATION COMMISSION

APPROVED **FEB 7 1974**, 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 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 Forms C-104 must be filed for each pool in multiple.