40. OF COPIES SECT	IVED	ک_	}		
DISTRIBUTIO					
SANTA FE		1			
FILE					
U.S.G.S.					
LAND OFFICE					
TRANSPORTER	OIL				
TRANSFORT EX	GA\$	/			
OPERATOR	こ				
PRORATION OF	ICE				_
Mobil Prod	ucing	Te	xas	&	N
Address					
9 Greenway				te	2
Reason(s) for filing	Check p	roper	box)		
New Well					C
i					_

	DISTRIBUTI	ON	- ,		1	NSERVATION COMMISSI	ON	Form C-104	
	SANTA FE		-/-		REQUEST F	OR ALLOWABLE		Supersedes Old C-104 and C-110 Effective 1-1-65	
	FILE			\dashv		AND			
	LAND OFFICE OIL OIL								
	TRANSPORTER	GAS	-,						
	OPERATOR	1 0 23	2	\dashv					
_	PROPATION OF	FICE						•	
ı.	Operator	1.00					· · · · · · · · =		
	Mobil Producing Texas & New Mexico Inc.								
	Address								
	9 Greenway	y Plaza	а,	Sui	te 2700, Houston, TX 77	046		į	
	Reason(s) for filing					Other (Please exp	olain)		
	New Well				Change in Transporter of:	To change	Operator	name from Mobil Oil	
	Recompletion				Oil Dry Gas	Corporati	on.		
	Change in Ownershi	ip 🔲			Casinghead Gas Condens	ate (Eff	ective Date	e: 1-1-1980)	
	If change of owner and address of pre-								
	and address of pre	******							
II.	DESCRIPTION O	OF WELL	L A	ND L	LEASE				
	Lease Name				Well No. Pool Name, Including For		nd of Lease	Lease No.	
	Jicarilla	F			3 Blanco Mes	3 Blanco Mesa Verde State, Federal or Fee Federal			
	Location								
	Unit Letter	М	;9	990	Feet From The South Line	and 990 F	eet From The	West	
				_		_		De a Amaréha	
	Line of Section	22		Tow	vnship 27-N Range	3-W , NMPM,		Rio Arriba _{County}	
Ш.	DESIGNATION C	OF TRA	NSP	ORT	TER OF OIL AND NATURAL GAS	Address (Give address to w	Nat assessed con	a of this form is to be seed	
	Name of Authorized	i Transpor		NONI		Address (Give agaress to wi	nien approved cop	y of this form is to be vent)	
	i					Address (Give address to w	lial appeared con	wolthis form in to be sent)	
	Name of Authorized				4				
	Northwest Pi	ipeline	e Co	orp				ington, NM 87401	
	If well produces oil		١,		Unit Sec. Twp. Rge.	is gas actually connected?	, When	1	
	give location of tan					YES	<u></u>		
	If this production i	is commir	ngled	i with	th that from any other lease or pool, g	ive commingling order nu	mber: 2300		
IV.	COMPLETION D				Oil Well Gas Well		Deepen Plug	Back Same Resty, Diff. Resty,	
	Designate Ty	me of Co	lame	etio		i i i	Jeopen , 1144	Same rise in Similaries	
	L	pc 0. 0.				Total Depth	P.B.	T.D.	
	Date Spudded				Date Compl. Ready to Prod.	Total Depth	7.5.	1.5.	
					Name of Producing Formation	Top Oil/Gas Pay	Tubia	ng Depth	
	Elevations (DF, RK	KB, RT, GI	R, et	c.j	Name of Producing Parmation	100 011/010 1/4/			
							Depti	Casing Shoe	
	Perforations								
					TUBING, CASING, AND	CEMENTING RECORD			
		- C175			CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT	
	HOLE	ESIZE			CASING & FORMS SIZE				
	<u> </u>								
		·D DEC!	1500	rEC	OR ALLOWARIE (Test must be of	er recovery of total volume	of load oil and mu	et be equal to or exceed top allow-	
V.	TEST DATA AN	ID KEQU	jES.	rc	OR ALLOWABLE (Test must be after able for this dep	ith or be for full 24 hours)			
	Date First New Oil	Run To T	ank s)	Date of Test	Producing Method (Flow, pr	ump, gas lift, etc.,		
	50.0								
	Length of Test				Tubing Pressure	Casing Pressure	Chok	• Size	
	Actual Prod. During	g Test			Oil-Bbls.	Water - Bble.	- Gas	MCF	
								1079	
GAS WELL Actual Prod. Test-MCF/D Length of Test Bbis. Condensate/MMCF Gravity of condensate ON DIS								1 001 23 313	
								CON:	
	Actual Prod. Test	- MCF/D			Length of Test	Bbls. Condensate/MMCF	Grav	DIST. 3	
	Testing Method (pr	itot, back	pr.)		Tubing Pressure (Shut-in)	Casing Pressure (Shut-in	Chok	e Size	
	}								
VI	CERTIFICATE	OF COM	(PL)	IANO	CE	OIL CO	NSERYATION	COMMISSION	
٧	CERTIFICATE	0. 00				00.	139 131		
	I handhu cassifu ti	hat the to	les :	and r	regulations of the Oil Conservation	Original Signed by FRANK T. CHAVES			
			mali	ad u	nin and that the intormation given (
	shove is true and complete to the best of my knowledge and belief.				best of my knowledge and better.	PARCE TON DES #3			
						TITLE DEPUTY OIL & GAS INSPECTOR, DEC #3			
					_	This form is to be filed in compliance with RULE 1104.			
	This form is to be filed in complete the state of the description of t				nouigh	as it is a secure for allowable for a newly drilled or deepened			
					A W INDUISION OF THE GALLETY.				
		A 4 1		V	V	I teate taken on the well	ij in accordance	WIGHT HOLE III.	
Authorized Agent (Title)						All sections of this form must be filled out completely for allowable on new and recompleted wells.			
	(Title) October 31, 1979					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.			
		Ucto	<u>ber</u>			well name or number, o	r transporten or	Other anch cusuas of conditions	
(Date)						Separate Forms	C-104 must be !	filed for each pool in multiply	
						• • •			