1	DISTRIBUTION		ئدا			NEW MEXICO	OIL CONSERVAT			
1.	SANTA FE		1			REQ	UEST FOR ALL			
	FILE		1	1			AND			
	U.S.G.S.		<u> </u>		AUTHO	RIZATION T	O TRANSPORT			
	LAND OFFICE									
	TRANSPORTER	OIL	1/							
		GAS	1				٠.			
	OPERATOR		/							
	PROBATION OFFICE									
	Operator									
	Mobil Oil Corporation									
	Addiess									
	Box 633 Midland, Texas 79701									
	Reason(s) for filing (Check			r box;			19			
	New Woll			Change In Transporter of:						
	Recompletion				Oil	Ц	Dry Gas			
	Change In Ownership				Casinghed	ad Gas	Condensate X			
	If change of owner and address of pre	ship giv	ve na wher	me						
	and address of pre	*10d3 0								
11	DESCRIPTION C	F WEI	LL A	ND L	EASE					
84 .	Lease Name				Well No.		luding Formation			
	Jicaril1	а		"F"_	5	Gavilan	Pictured Cli			
	Location									

LINE COLMISSION

Form C -104

-	SANTA FE	NE		FOR ALLOWABLE	11331011		Supersedes Old C-104 and C-110					
-	FILE		(CQCCC)	AND		Effective 1-1	65					
ł	U.S.G.S.	ÄHTHORI7	ATION TO TRA	NSPORT OIL AND	NATURAL C	SAS						
}	LAND OFFICE	7.071101112		. —		•						
}	OIL /											
	TRANSPORTER GAS /			• .								
1	OPERATOR /											
	PROBATION OFFICE											
"	Operator											
ı	Mobil Oil Corporation											
Ī	Address 70701											
Į	Reason(s) for filing (Check proper box)	land, Texas	79/01	Other (Pleas	e explain)							
- 1	F-1	Change in Transporter of:										
	New Well Recompletion	Otl Dry Gas										
İ	Change in Ownership	Casinghead Go	os Conder	nsate X								
I		······										
	If change of ownership give name and address of previous owner						,					
		FASE										
IJ.	DESCRIPTION OF WELL AND I	Well No. Poo	l Name, Including F	ormation	Kind of Leas	- Icaciui	Lease No.					
	Jicarilla "F"		Gavilan Pict		State, Federa	olor Fee Indian						
	Location											
	Unit Letter M : 990	Feet From Th	e South Lir	ne and 990	Feet From	The West						
	Onli Letter				D.3 a A	ed bo	County					
	Line of Section 23 Tow	nship 27-N	Range 3	-W , NMF	м. Rio Arr	Thg	230117					
			D SIAMYIDAT OA	3 C								
II.	DESIGNATION OF TRANSPORT	ER OF OIL AN	D NATURAL GA	Address (Give addres	s to which appro	oved copy of this form	is to be sent)					
	Note of Authorized Transporter of On											
	Plateau Inc. Plateau Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)											
	Name of Authorized Transporter of Calamytes and N. M. 87/01											
	El Paso Natural Gas	Unit Sec.	Twp. P.ge.	Is gas actually conne	cted? Wi	nen						
	If well produces oil or liquids, give location of tanks.	м 23	27-N 3-W	Yes								
	1. (41s production is commingled wit	h that from any o	ther lease or pool,	give commingling or	ler number:		<u> </u>					
	COMPLETION DATA			New Well Workove		Plug Back Same	Res'v. Diff. Res'v.					
•	Designate Type of Completio	n – (X)	Gas Well	I I I I I I I I I I I I I I I I I I I	1							
		Date Compl. Read	v to Prod.	Total Depth		P.B.T.D.						
	Date Spudded	Date Compt. Read	., .0 1 .04.	•								
	(DE DED DE CO	Name of Producin	g Formation	Top Oil/Gas Pay		Tubing Depth						
	Elovations (DF, RKB, RT, GR, etc.)		-									
	Perforations	<u> </u>				Depth Casing Shoe	Depth Casing Shoe					
	Petrorations											
		TUB	ING, CASING, AN	D CEMENTING REC	ORD		CACUC CENEUX					
	HOLE SIZE	DEPTH		SACKS CEMENT								
		<u> </u>										
					aluma of land a	il and must be social to	or exceed top allow					
• •	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top a able for this depth or be for full 24 hours)											
	OIL WELL Date First New Oil Run To Tanks	Date of Test		Producing Method (F	low, pump, gas	lift, etc.)						
	Date First New Oil Man to Tanks			Choke Size								
	Length of Test	est Tubing Pressure			Casing Pressure							
	Fouder of Feet			<u> </u>		- 1/05						
	Actual Prod. During Test	Oil-Bbls.		Water-Bbln.		Gas · MCF	And the second second					
		1					 					
					·	in the second	gradina 1990. Landa					
	GAS WELL.			Rhie Condensate A	MCF	Gravity of Conser	scto VI.					
	Actual Prod. Test-MCF/D	Longth of Test		Enter Cottons atol	Bbls. Condensate/MMCF		DIST. 3 🦯 -					
		Tubing Pressure	Teams-in)	Casing Pressure (Ehut-in)		Choke Size						
	Testing Mothod (pito:, back pr.)	Tubing Pressure	Come-yn		Casing Committee of the							

GAS V Actua Testi:

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with end that the information given above is true and complete to the best of my knowledge and belief.

Authorized Agent (Title) 3/19/70

(Date)

OIL CONSERVATION COMMISSION

SEP 1 7 1970 APPROVED.

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 rillowable for a newly drilled or despected well, this form must be accompanied by a tabulation of the deviation tasts taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for ellow-able on new and recompleted wells.

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

Separate Forms C-104 must be filed for each pool in multiply completed watte