

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

TRANSPORTER	OIL	1
	GAS	1
OPERATOR		1
REGISTRATION OFFICE		

Operator

Mobil Oil Corporation

Address

Box 633, Midland, Texas

Reason(s) for filing (Check proper box)

New Well ☐

Change in Transporter of:

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 <i>Jacobsen 7</i>	Well No. <i>1</i>	Pool Name, including formation <i>Jacobsen Pictured Cliffs</i>	Kind of Lease State, Federal or Fee <i>Federal</i>	Lease No.
Location Unit Letter <i>B</i> : <i>990</i> Feet From The <i>North</i> Line and <i>1650</i> Feet From The <i>East</i> Line of Section <i>22</i> Township <i>27 N</i> Range <i>3 W</i> , NMPM, <i>Red asmba</i> 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) <i>Box 102 Farmington N.M. 87401</i>					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent) <i>501 Airport Dr., Farmington, N. M. 87401</i>					
North West Pipe Line Corp. System	Unit	Sec.	Twp.	Range	Is gas actually connected? <i>Yes</i>	When
If well produces oil or liquids, give location of tanks.	<i>B</i>	<i>22</i>	<i>27 N</i>	<i>3-W</i>		

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'
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)

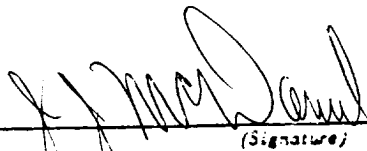
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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)

Authorized Agent

12-4-73

(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 7 1974, 19
Original Signed by A. R. Kendrick
BY 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 deepen 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 completely for all wells on new and existing leases.

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

Separate Forms C-104 must be filed for each pool in multi-