

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|-------------------|------------|
| U.S.S. | 1 |
| LAND OFFICE | |
| TRANSPORTER | OIL GAS |
| OPERATOR | 2 |
| PRODUCTION 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

I. DESCRIPTION OF WELL AND LEASE

| | | | | |
|----------------------------|---------------|---|--|----------------------|
| Lease Name Jicarilla L. | Well No. 5 | Pool Name, Including Formation Blanco Mesa Verde | Kind of Lease State, Federal or Fee | Lease No. Federal |
| Location Unit Letter A | 1139 1309 | Feet From The East | Line and 1039 1309 | Feet From The North |
| Line of Section 14 | Township 27N | Range 3W | NMPM, Rio Arriba | County |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|--|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | 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. | 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't. | Diff. Res't. |
|--------------------------------------|-----------------------------|-----------------|--------------|----------|--------|-----------|-------------|--------------|
| 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]
(Signature)

Authorized Agent

12-4-73

(Date)

OIL CONSERVATION COMMISSION

FEB 7 1974

APPROVED _____, 19____

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 new well or increased well, this form must be accompanied by a copy of the production tests taken on the well in accordance with RULE 1101.

All sections of this form must be filled out completely for allowable for existing completed 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