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|---|---|
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER OIL | |
| GAS | |
| OPERATOR | |
| PRORATION OFFICE | |

# AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Mobil Oil Corporation

Address
Box 633, Midland, Texas 79701

Reason(s) for Filing (Check proper box)

New Well [ ]
Recompletion [ ]
Change in Ownership [ ]

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [X]

Other (Please explain)

If change of ownership give name and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease (State, Federal or Fee) | Lease No. |
|---|---|---|---|---|
| Jicarilla G | 10 | Gavilan Pictured Cliffs | Federal | |

Location
Unit Letter O ; 1650 Feet From The East Line and 990 Feet From The South
Line of Section 26 Township 27-N Range 3-W, NMPM, Rio Arriba County

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate X — Address (Give address to which approved copy of this form is to be sent)
Plateau, Inc. — Box 108, Farmington, N.M. 87401

Name of Authorized Transporter of Casinghead Gas or Dry Gas X — 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 O Sec. 26 Twp. 27-N Rge. 3-W — Is gas actually connected? Yes — When

If this production is commingled with that from any other lease or pool, give commingling order number:

## IV. COMPLETION DATA

Designate Type of Complete — (X) — Oil Well | Gas Well | Workover | Deepen | Plug Back | Same Resv. | Diff. Resv.

| | | | |
|---|---|---|---|
| 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

(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)

OIL WELL

| | | | |
|---|---|---|---|
| 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 |

RECEIVED
DEC 20 1973
OIL CON. COM.
DIST. 3

GAS WELL

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

Author[illegible] Agent
(Title)

12-4-73
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 7 1974, 19

BY [illegible]

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 only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

Separate Forms C-104 must be filed for each pool in multiple completions.