					/	
-	DISTRIBUTION				/	
}	SANTA FE	NEW MEXICO OIL CO		ISSION	Form C-104	C104 4 C
-	FILE	REQUEST F	FOR ALLOWABLE AND		Supersedes Old Elfoctivo 1-1-65	
ŀ	u.s.g.s.	AUTHORIZATION TO TRAI		JATUDAL CAS		
	LAND OFFICE	AUTHORIZATION TO TRAI	131 OKT OIL AND I	INTORAL GAS		
	TRANSPORTER OIL			•		
i	TRANSPORTER GAS					
ľ	OPERATOR /	"				
1.	PRORATION OFFICE	API #30-039-21241				
	Mobil Oil Corporation					
	Address	5.4. 000 **	mrt 770//			
		st, Suite 800, Houston,	Other (Please	anniais i		······································
	Reason(s) for filing (Check proper box) New Well	Change in Transporter of:	Other (Freuse	explain		
	Recompletion	Oil Dry Gas			•	
	Change in Ownership	Casinghead Gas Condens	77			
1					·····	
	If change of ownership give name and address of previous owner					<u> </u>
H.	DESCRIPTION OF WELL AND I	EASE Well No. Pool Name, Including Fo		Kind of Lease	·	Lease No.
	Lease Name	4-A Blanco Mesa Ve		State, Federal or	Fee Federal	Lease No.
	Jicarilla "G"	4-A Bianco Mesa ve	rae	L <u>.</u>	1000101	J
	n 990	Feet From The North Line	990 '	Feet From The	West	
	Unit Letter;;	Peet From The Cine	, dila		· · · · · · · · · · · · · · · · · · ·	
	Line of Section 26 Tow	nship 27-N Range 3	−W , NMPM	, Rio Arril	oa	County
				,		
III.	DESIGNATION OF TRANSPORT	or Condensate X	S Address (Give address	to which approved	com of this form is to	he sent)
	Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)				
	Plateau Inc. Name of Authorized Transporter of Cas	Box 108, Farmington, NM 87401 Address (Give address to which approved copy of this form is to be sent)				
	Northwest Pipeline Corp.		3935 E 30th, Fa			
		Unit Sec. Twp. Rge.	Is gas actually connect			
	If well produces oil or liquids,			1 77.2		inolino
•	give location of tanks.	D 26 27-N 3-W	No	; walt	ting on Gas P	Therrue
						onx.
IV.	give location of tanks. If this production is commingled with COMPLETION DATA	h that from any other lease or pool,	give commingling orde	r number:	C	onx.
ıv.	If this production is commingled with COMPLETION DATA	h that from any other lease or pool,	vive commingling orde	r number:		onx.
IV.	If this production is commingled with COMPLETION DATA Designate Type of Completion	h that from any other lease or pool, of the following of	give commingling orde	Deepen P	C	onx.
IV.	If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudded	h that from any other lease or pool, on the following of the following in	vive commingling orde	Deepen P	Co	onx.
IV.	If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudded 7-19-76	h that from any other lease or pool, of the following of	New Well Workover X Total Depth	Deepen P	lug Back Same Res	onx.
IV.	If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudded	h that from any other lease or pool. Oil Well Gas Well N — (X) X Date Compl. Ready to Prod. 11-4-76	New Well Workover X Total Depth 6400	Deepen P	Lug Back Same Res	onx.
IV.	If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudded 7-19-76 Elevations (DF, RKB, RT, GR, etc.) 7308 GR. Perforations	h that from any other lease or pool, on - (X) Oil Well Gas Well X Date Compl. Ready to Prod. 11-4-76 Name of Producing Formation Mesa Verde	New Well Workover X Total Depth 6400 Top Otl/Gas Pay 5792	Deepen P	Lug Back Same Rest	onx.
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v.	If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudded 7-19-76 Elevations (DF, RKB, RT, GR, etc.) 7308 GR. Perforations 5792-5848, 5892-6032, 61 HOLE SIZE 12 1/4" 7 7/8" TEST DATA AND REQUEST FOOIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D 6100 Testing Method (pitot, back pr.) Prover CERTIFICATE OF COMPLIANCE	h that from any other lease or pool, on — (X) Date Compl. Ready to Prod. 11-4-76 Name of Producing Formation Mesa Verde 132-6312, 1-JSPF Total of TUBING, CASING, AND CASING & TUBING SIZE 8 5/8" 4 1/2" 2 3/8" DR ALLOWABLE (Test must be a) able for this de Date of Test Tubing Pressure Oil-Bbls. Length of Test 24 Tubing Pressure (Shut-in) 1462 CE	New Well Workover X Total Depth 6400 Top Oil/Gas Pay 5792 91 Holes O.A. CEMENTING RECOF DEPTH S 335 6400 5765 fter recovery of total voluments of the for full 24 hour Producing Method (Flow Casing Pressure Water-Bbis. Bbis. Condensate/MMC 1.148 Casing Pressure (Ehming 1460) OIL	Deepen P P T T RD ET Lime of load oil and s) w, pump, gas lift, a C C CONSERVAT	Ing Back Same Resolution S	OITX. Tv. Diff. Resident of the second seco
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Authorized Agent (Title)

(Date)

December 13, 1976

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of conditi Separate Forms C-104 must be filed for each pool in multi