NO. OF COPIES RECEIVED			ا کا	
DISTRIBUTION				
SANTA FE		7		
FILE		17		
U.S.G.S.				
LAND OFFICE				
IRANSPORTER	OIL			
	GAS	I I		
OPERATOR		17		

	DISTRIBUTION SANTA FE	1	CONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11			
	U.S.G.S.	AUTHORIZATION TO TRA	AND ANSPORT OIL AND NATURAL (Effective 1-1-65			
	TRANSPORTER OIL / GAS / OPERATOR						
1.	PRORATION OFFICE						
	Mobil Producing Texas & New Mexico Inc.						
	9 Greenway Plaza, Suite 2700, Houston, TX 77046						
	Reason(s) for filing (Check proper box) New Well Change in Transporter of: Other (Please explain) To change Operator name from Mobil O						
	Recompletion Change in Ownership	OII Dry Ga Casinghead Gas Conder	Corporation.	Date: 1-1-1980)			
	If change of ownership give name and address of previous owner						
11.	II. DESCRIPTION OF WELL AND LEASE						
	Jicarilla G	Well No. Pool Name, Including F 8-A Blanco Me	Name, Including Formation Blanco Mesa Verde Kind of Lease State, Federal or Fee Federal				
	Unit Letter P : 990	Feet From The South Lin	e and Feet From 1	East East			
	Line of Section 26 Tow	mship 27-N Range	3-W , NMPM,	Rio Arriba _{County}			
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S Address (Give address to which approv				
	Name of Authorized Transporter of Oil Plateau, Inc.	— XXX	Box 108 Farmington	n, NM 87401			
	Name of Authorized Transporter of Casinghead Gas or Dry GaskXX Address (Give address to which approved copy of this form is to be sen Northwest Pipeline Corporation 3539 E.30th St, Farmington, NM 87401						
	If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When give location of tanks. P 26 27N 3W YES						
	If this production is commingled with that from any other lease or pool, give commingling order number: 2400						
14.	Designate Type of Completio	Plug Back Same Restv. Diff. Restv.					
	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		<u> </u>	Depth Casing Shoe			
	TUBING, CASING, AND HOLE SIZE CASING & TUBING SIZE		CEMENTING RECORD DEPTH SET SACKS CEMENT				
	HOLE SIZE	CASING & I DBING SIZE	UEFIN SET	JACKS CEMENT			
v	TEST DATA AND REQUEST FO	OR ALLOWARIE (Test must be a	fter recovery of total volume of load oil s	and must be equal to or exceed top allow-			
۷.	OIL WELL Date First New Oil Run To Tanks	able for this de	(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) Producing Method (Flow, pump, gas lift, etc.)				
	Length of Teet	Tubing Pressure	Casing Pressure	Choke Size			
	Actual Prod. During Test	Oil-Bhis.	Water - Bbls.	Gae - MCF			
į			<u> </u>				
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Granty of Continues			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
VI.	CERTIFICATE OF COMPLIANCE	CE .	OIL CONSERVATION COMMISSION				
	I hereby certify that the rules and r	ereby certify that the rules and regulations of the Oil Conservation		APPROVED 001 2 9 1979 . 19			
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Commission have been complete to the best of my knowledge and belief. Authorized Agent		BY Original Signed by FRANK T. CHAVEZ TITLE DEPUTE OIL & DAS (RISPECTOR, DIST. #3				
			This form is to be filed in compliance with RULE 1104. If this is a request for sliowable 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 out only Sections I. II. III. and VI for changes of owner,				
	October 31		well name or number, or transporter, or other such change or condition.				