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S	DISTRIBUTION	REQUEST FO	SERVATION COMMISSION OR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11' Effective 1-1-65	
U	S.G.S. AND OFFICE	AUTHORIZATION TO TRANS	SPORT OIL AND NATURAL GAS		
_	RANSPORTER GAS   DERATOR				
# . i	PRORATION OFFICE	CORF.			
A	MOBIL OTH	FARIAINGTON, A	111 87401		
N F	eason(s) for filing (Check proper box) ew Viet1 ecompletion	Change in Transporter of:  Oil Dry Gas  Casinghead Gas Condense	Deled Jos, 22mp woter & sand f.	com well.	
L	change of ownership give name	Castinghead das			
ar	nd address of previous owner			, Lease No.	
	ESCRIPTION OF WELL AND I	Well No. Pool Name, Including For	mation Kind of Lease State, Federal of		
1	ocation 90	O NORTH Line	and 1658 Feet From Th	· INEST	
	Unit Letter;;;;;;;	riship 27 N Range 3	بد وسسين	ARRIBA County	
	APPROXIMATION OF TRANSPORT	CER OF OIL AND NATURAL GAS	Address (Give address to which approve	ed copy of this form is to be sent)	
111.	Name of Authorized Transporter of Oil	or Condensate X	O LO INDIANO	10M MM X7401	
-	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address to which approve	ed copy of this form is to be sent)	
	MOSTAMIET FIREL	That Sec. Twp. Pge.	Is gas actually connected? When	3/00/10/10/10/10	
1	If well produces oil or liquids, give location of tanks.	C 23 271 3W	TEMP	1-28-11	
IV.	f this production is commingled wi	th that from any other lease or pool, a	New Well Workover Deepen	Flug Back   Same Resty.   Diff. Rest	
	Designate Type of Completic	on = (X)	- 1 D- 1	P.B.T.D.	
	Date Spadded	Date Compl. Ready to Prod.	Total Depth	Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Depth Casing Shoe	
	Perforations			Septil Casing one	
		TUBING, CASING, AND	CEMENTING RECORD	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEME	
	12/4	85/9 11	0-62501		
	17 7/8'	1 / //2			
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 all able 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 li		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gan MO	
				JAN 2 7 1977	
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	City of Capitalia dis	
	Actual Prod. Test-MCF/D		Casing Pressure (Shut-in)	Choke Uze	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		4 TION COMMISSION	
V	CERTIFICATE OF COMPLIA		# # # * * * * * * * * * * * * * * * * *	ATION COMMISSION	
	I hereby certify that the rules an	d regulations of the Oil Conservation i with and that the information given the heat of my knowledge and belief	1/09/1/1	rill	
	above is true and complete to	the best of my knowledge and belief	BY	7707 1507	
				TITLE PROTECTION TO THE STATE OF THE STATE O	
			This form is to be filed in	compliance with Roll	

Cuito fonlas	
(Signature)	
Prod. For MAN	
1 12 1 7 2-27 (Date)	
(Date)	

If this is a request for allowable for a newly drilled or deepene 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 owne well name or number, or transporter, or other such change of condition Separate Forms C-104 must be filed for each pool in multip completed wells.