NO. OF COPIES RECT	LIVED	ڪ ا	
DISTRIBUTIO			
SANTA FE			
FILE			
U.\$.G.\$.			
LAND OFFICE			
TRANSPORTER	OIL	. /	
	GAS		<u> </u>
OPERATOR			
		1	1

L	10.07 101120 1101111			4						
	DISTRIBUTION	,			ONSERVATION COMM	Form C-104				
ŀ	SANTA FE	/ 		REQUEST	FOR ALLOWABLE		Supersedes Old C-104 and C-11 Effective 1-1-65			
ŀ	U.S.G.S.			AUTHORIZATION TO TRA	AND	VATURAL GAS				
	LAND OFFICE			AUTHORIZATION TO TRA	MISTORY OIL AND I	TATORAL DAG				
	TRANSPORTER OIL	7		1		v	•			
	GAS OPERATOR	/								
1.	PRORATION OFFICE									
	Operator Mahil Oil Corner		- 4 ~							
	Mobil Oil Corporation Address									
	Three Greenway Plaza East, Suite 800, Houston, Texas 77046									
	Reason(s) for filing (Check pro	oper	box		Other (Please		Cas Connection			
	New Well			Change in Transporter of:	To show date of Gas Connection					
	Recompletion Change in Ownership			Oil Dry Go Casinghead Gas Conder	77					
				Casiliginate des [_]						
	If change of ownership give and address of previous own	n#n er_	ne							
11.	DESCRIPTION OF WELL	. A	ND	LEASE Well No. Pool Name, Including F	ormation	Kind of Lease	Lease No.			
	Lease Name Jicarilla "F"			5-A Blanco Mesa V	_	State, Federal or I	Federal			
	Location Unit Letter C : 990 Feet From The North Line and 1658 Feet From The West									
	Line of Section 23 Township 27-N Range 3-W , NMPM, Rio Arriba County									
		ven	MP.	RTER OF OIL AND NATURAL GA	ıs					
Ш.	Name of Authorized Transport	er o	101	or Condensate X	Address (Give address	to which approved o	opy of this form is to be cent)			
	Plateau Inc.			Box 108, Farmington, NM 87401 Address (Give address to which approved copy of this form is to be sent)						
	Northwest Pipe			3935 East 30th St., Farmington, NM 82401						
	If well produces oil or liquids		iic	Unit Sec. Twp. P.ge.	Is gas actually connected? When					
	give location of tanks.			C 23 27N 3W	Yes		5-26-77			
tv	If this production is commin COMPLETION DATA	this production is commingled with that from any other lease or pool, give commingling order number:								
	Designate Type of Co	mp	leti	ion - (X) Gas Well	New Well Workover Deepen Pi		ug Back Same Res'v. Diff. Res'v			
	Date Spudded			Date Compl. Ready to Prod.	Total Depth	P.	B.T.D.			
	Elevations (DF, RKB, RT, GR	₹, es	tc.j	Name of Producing Formation	Top O!l/Gas Pay		ubing Depth			
	Perforations	-				De	epth Casing Shoe			
				TUBING, CASING, AN	D CEMENTING RECO	RD				
	HOLE SIZE			CASING & TUBING SIZE	DEPTH S		SACKS CEMENT			
				1	 					
v	TEST DATA AND REQU	JES	T I	FOR ALLOWABLE (Test must be	after recovery of total vol epth or be for full 24 how	lume of load oil and	must be equal to or exceed top allo			
•	OIL WELL			Date of Test	Producing Method (Fla	ow, pump, gas lift, e	tc.)			
	Date First New Oil Run To T	ank	3	Date of 1991						
	Length of Test			Tubing Pressure	Casing Pressure	C	hoke Size			
	Actual Prod. During Test			Oil-Bbls.	Water - Bbls.	G	ay-MCF			
	GAS WELL									
	Actual Prod. Test-MCF/D			Length of Test	Bbls. Condensate/MM	CF \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	avity of Condensate			
	Testing Method (pitot, back)	pr.)		Tubing Pressure (Shut-in)	Casing Pressure (Sha	rt-in)	hoke Size			
				OIL CONSERVATION COMMISSION						
VI	CERTIFICATE OF COMPLIANCE				Juliu-11111					
	I havehy cartify that the ru	iles	and	d regulations of the Oil Conservation	APPROVED		, 19			
	Commission have been co	mpl	ied	with and that the information giver	ORIGINAL	SIGNED BY IL &	HARAY, ELL, JR			

BY.

Pall Date

VI.

Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Camilla	
(Signature) Authorized Agent	
(Title) June 16, 1977	-

(Date)

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen 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 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 conditions. Separate Forms C-104 must be filed for each pool in multi-