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SANTA FE		1		
FILE				
U.S.G.S.		<u> </u>		
LAND OFFICE		<u> </u>		
TRANSPORTER	OIL	1. 1.		
	GAS	$\perp \perp$		
OPERATOR		1/_		
		7.	1 - 1	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	SANTA FE /	REQUEST F	OR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65							
-	FILE	AUTHORIZATION TO TRAN	AND ISPORT OIL AND NATURAL GA	A C							
}	U.S.G.S.	AUTHORIZATION TO TRAN	SPURT OIL AND NATURAL GA	••							
ŀ	OIL /										
Ĺ	TRANSPORTER GAS										
	OPERATOR /			•							
1.	PRORATION OFFICE	TION OFFICE									
		Mobil Producing Texas & New Mexico Inc.									
	Address 9 Greenway Plaza, Suite 2700, Houston, TX 77046 Reason(s) for frling (Check proper box) New Well Change in Transporter of: To change Operator name from Mobil										
ļ											
Ì	Recompletion	Oil Dry Gas									
	Change in Ownership	Casinghead Gas Condensate (Effective Date: 1-1-1980)									
	If change of ownership give name										
	and address of previous owner										
11.	DESCRIPTION OF WELL AND	LEASE	emation Kind of Lease	Lease No.							
	Lease Name State, Federal or Fee Fodoral										
	Jicarilla F 3A Blanco Mesa Verde Federal Location										
	0.00	Feet From The North Line	and 1652 Feet From T	he West							
	Ont 2000	0737	277	Rio Arriba County							
	Line of Section 22 To	wnship 27N Range	3W , NMPM,	RIO IIIIIO County							
	DECICNATION OF TRANSPOR	TER OF OIL AND NATURAL GAS	s								
ш.	Name of Authorized Transporter of Oi	or Condensate 🔀	1								
	Plateau Inc		Box 108 Farmington Address (Give address to which approv	ed copy of this form is to be sent)							
	Name of Authorized Transporter of Co	singhead Gas or Dry Gas XX		Farmington, NM 87401							
	Northwest Pipeline Corp	Unit Sec. Twp. P.ge.	Is gas actually connected? Whe	n							
	If well produces oil or liquids, give location of tanks.	C 22 27N 3W	YES	4-4-78							
	If this production is commingled w	ith that from any other lease or pool,	give commingling order number:	2300							
IV.	COMPLETION DATA	Qil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.							
	Designate Type of Completi	on - (X)		1							
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.							
		Samuel Sa	Top Oil/Gas Pay	Tubing Depth							
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	1.00 011, 011, 111,								
	Perforations			Depth Casing Shoe							
	TUBING, CASING, AND CEMENTING RECORD		SACKS CEMENT								
	HOLE SIZE	CASING & TUBING SIZE									
		The state of the s	feet recovery of total values of load oil	and must be equal to or exceed top allow-							
V	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)										
	OII. WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)										
			Casing Pressure	Choke Size							
	Length of Test	Tubing Pressure		OF FIVE							
	Actual Prod. During Test	Oil-Bhis.	Water - Bbis.	Gas-Wor KLULI LLD							
				OCT 29 1979							
				OUT COM							
	GAS WELL Actual Prod. Test-MCF/D Length of Test Bbls. Condensate		Bbis. Condensate/MMCF	Gravity & Con. COM. DIST. 3							
	Actual prod. 1 est MC175			Choke Size							
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size							
			OIL CONSERV	ATION COMMISSION							
VI	. CERTIFICATE OF COMPLIA	NCE	OCT 29	THEN COMMISSION							
	and the state of t	d regulations of the Oil Conservation	APPROVED, 19								
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given the heat of my knowledge and belief.		By Original Signed by A. R. Kendrick								
Commission have been complied with and that the complete to the best of my knowledge and belief.		TITLE SECULO. MISTRICT # 3									
		TITLE with But F 1104.									
	α		This form is to be filed in compliance with RULE 1104. If this is a request for sillowable for a newly drilled or deepened by a tabulation of the deviation								
Authorized Agent (Title)			well, this form must be accompanied by the state 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.								
								31. 1979	Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.		
						(Date)		well name or number, or transported of the Separate Forms C-104 must be filed for each pool in multiply			